

CONFIDENTIAL

PROOF

CITY OF BIRMINGHAM
EDUCATION COMMITTEE

**SCHOOL HEALTH SERVICE
REPORT**

OF THE

**PRINCIPAL SCHOOL MEDICAL OFFICER
HAROLD M. COHEN, M.D., D.P.H.**

FOR THE YEAR ENDED 31st DECEMBER, 1955

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SPECIAL SERVICES SUB-COMMITTEE :

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(*Chairman of the Education Committee*)

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(*Chairman*)

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MR. COUNCILLOR S. E. DAWES
COUNCILLOR MRS. W. O. EASEY
COUNCILLOR MRS. D. M. FISHER
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MR. COUNCILLOR I. L. MORGAN
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A. L. McCULLOCH, ESQ.

Chief Education Officer : E. L. RUSSELL, C.B.E., M.A.

STAFF**PRINCIPAL SCHOOL MEDICAL OFFICER :**

HAROLD M. COHEN, M.D., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER :

MAURICE E. LEMIN, M.B., CH.B.

ASSISTANT PRINCIPAL SCHOOL MEDICAL OFFICER :

PHILIP R. KEMP, M.B., CH.B.

SCHOOL MEDICAL OFFICERS :

GERALD FRASER - SMITH, M.R.C.S.,
L.R.C.P.

DOROTHY M. BEAUMONT, M.B.

MAY W. BLAKISTON, M.A., M.B., CH.B.
(*Retired 1.5.55*)

ELSE A. D'AMIAN, M.D. (Heidelb.),
L.R.C.P., L.R.C.S.

JOYCE B. MOLE, M.B., CH.B., D.C.H.

KATE GRAY, M.A., M.B., B.S.
(*Retired 22.3.55*)

BERYL W. MARSON, M.B., CH.B.,
D.C.H.

WILLIAM H. S. MCGREGOR, M.R.C.S.,
L.R.C.P.

JEAN E. CUMMING, M.B., CH.B.

MARGARET P. PATERSON, M.B., B.S.
(*Resigned 31.12.55*).

JOAN I. BUCHANAN, M.B., CH.B.

MARGARET D. WIGLEY, M.B., CH.B.,
D.CH.

MARGARET R. MACLEOD, M.B., CH.B.
(*Resigned 8.4.55*)

CHARLES R. A. MARTIN, M.B., B.S.,
L.R.C.P., M.R.C.S., D.P.H.,
Barrister-at-Law

M. ELSPETH SEATON, M.B., CH.B.,
B.A.O.

PHILIP H. SEATON, M.B., B.Ch., B.A.O.
(*Appointed 13.4.55*)

NATALIE M. JOHNSTON, L.R.C.P.,
L.R.C.S., D.P.H. (*Appointed 13.4.55*)

ARNOLD SHAW, M.B., B.S. (*Appointed*
5.9.55)

PRINCIPAL SCHOOL DENTAL OFFICER :

DONALD GLEN THOMSON, T.D., L.D.S.R.C.S.

SCHOOL DENTAL OFFICERS :

CLIFFORD J. BAKER, L.D.S.

HARRY A. COHEN, L.D.S.

HUGH LINN, L.D.S.R.C.S.

CYRIL R. FODEN, L.D.S.

MARJORIE COOK, L.D.S.

WILLIAM A. BARTON, L.D.S.R.C.S.

ALFRED WIJEYEKOON, L.D.S.

DAVID A. MORTIMER, L.D.S.

ERNEST A. K. BAIRD, L.D.S.R.F.P.S.

NEVILLE, A. ROBERTS, L.D.S., B.D.S.

GERTRUDE M. LEAHY, L.R.C.P.S.I.,
L.M., L.A.H., L.D.S.

BELLA BROCH, M.D. (Vienna)
(*Appointed 1.9.55*)

GERALD H. KETTLE, L.D.S., H.D.D.,
R.F.P.S. (*Appointed 26.9.55*)

During the year 17 Part-time Dental Officers appointed on a sessional basis,
gave service equivalent to 2 1/11 full-time Officers.

(At the end of the year 1 7/11 vacancies)

CHILD GUIDANCE SERVICE :

Senior Educational Psychologist :

W. J. BANNON, M.A., Ed.B.

Senior Consultant Psychiatrist :

†*CHARLES L. C. BURNS, M.R.C.S.,
L.R.C.P., D.P.M.

Consultant Psychiatrists :

†*LOUISE F. W. EICKHOFF, M.D., D.P.M.

†*JEANNE E. STIRRAT, M.B., Ch.B., D.P.M. (*left August, 1955*)†*JAMES A. CRAWFORD, L.R.C.P. & S., L.R.F.P. & S., D.P.M. (*Appointed 1.11.55*)**Psychologists :**

ENID M. JOHN, M.Sc.

EDNA HOWARD, B.A.

HECTOR J. SANTS, B.A.

JOHANNA E. RLINER, Ph.D. (Vienna), (*Appointed 1.1.55*)**Psychiatric Social Workers :**

DOREEN HOSKING

*ALICE HAAS, Ph.D. (Munich)

JOAN M. CARPENTER, B.A.

DIANA P. P. OVENDEN, S.R.N. (*Resigned 31.8.55*)

GWENDOLIN M. JENNISON

MILDRED H. RIDLER (*Resigned 23.9.55*)BARBARA K. DEARNLEY (*Appointed 26.9.55*)ESTELLE PODBUR (*Appointed 19.9.55*)**Remedial Teachers :**

MISS N. LOWE, B.A.

MISS B. LONG

MISS G. LEMON (*Appointed 1.4.55*)**Part-time Teacher of Remedial Eurhythmics :**

MRS. J. MADLERS

PART-TIME SPECIALIST OFFICERS :**Ophthalmic Section :**

HERBERT W. ARCHER-HALL, M.R.C.S., L.R.C.P., D.O.

MARK TREE, M.B., B.S., F.R.C.S., D.O.M.S. (*Also Visiting Ophthalmic Surgeon to Schools for the Partially Sighted*)

JOHN H. AUSTIN, M.B., Ch.B., D.O., D.O.M.S.

SAMUEL ACHESON, M.B., B.Ch., B.A.O.

BENJAMIN C. CURWOOD, M.B., Ch.B., M.R.C.S., L.R.C.P., D.O.M.S.

LOTHAR MARX, M.B., Ch.B.

STUART W. K. NORRIS, B.Com., M.R.C.S., L.R.C.P., D.O.

NORA WALKINSHAW, M.B., B.S.

Orthopaedic Section :

FRANCIS G. AILAN, M.B., B.S., F.R.C.S., L.R.C.P.

T. S. DONOVAN, M.B., Ch.B., F.R.C.S. (*Visiting Orthopaedic Surgeon to the Schools for the Physically Handicapped*)**Ear, Nose and Throat Section :**NORMAN L. CRABTREE, F.R.C.S., D.L.O. (*Appointed 26.2.55*)(*Also Visiting Aural Surgeon to the Schools for the Deaf*)**Asthma Section :**

†J. MORRISON SMITH, M.B., M.R.C.P.E., D.P.H., D.T.M.H., T.D.D.

Visiting Physician to Baskerville School :

WILLIAM C. SMALLWOOD, M.B., Ch.B., F.R.C.P., M.R.C.S.

Orthodontic Section :

A. J. WALPOLE DAY, B.D.S., M.D.D.

NORMAN NORRIS, B.D.S.

VERA K. STANLEY, L.D.S.

Anaesthetists :

WILLIAM R. A. LINE, M.R.C.S., L.R.C.P.

DOROTHY TAYLOR SHEWRING, M.B., Ch.B.

MARY H. TUDOR, M.B., Ch.B., B.A.O.

OLGA MULLER, M.D.

MAY I. T. GRANT, M.B., Ch.B., D.P.H.

DONALD A. L. CRAWSHAW, M.R.C.S., L.R.C.P.

JOHN BUNTING, M.B., B.Ch., B.A.O., F.R.C.S.I., L.P.S.N.I.

EDITH M. STOCKWIN, M.B., Ch.B., D.P.H.

ENID M. MACKINTOSH, M.B., B.S.

NORMAN B. CRISP, M.B., Ch.B.

BETTY BARSHAM, M.B., D.A.

COLIN M. CAMPBELL, M.B., B.Chir., M.R.C.S., L.R.C.P. (*Appointed 6.7.55*)DAVID W. J. CULLINGFORD, M.B., B.S., L.R.C.P., M.R.C.S., D.A., F.F.A.C.R.S. (*Appointed 5.7.55*)FLEEN M. DUDLEY, M.B., Ch.B. (*Appointed 20.6.55*)

PHYSIOTHERAPISTS :

MAUREEN WALLS, S.R.N., M.C.S.P.
 *MARJORIE E. FINNEY, M.C.S.P.
 MADELEINE M. WILLIAMS, C.S.P., S.O.N.A.
 FLORENCE N. STODDARD, S.R.N., M.C.S.P.
 NORA M. LUCAS, M.C.S.P.
 MARGARET J. E. DE HAAN, M.C.S.P.
 GERALDINE D. GIBBONS, M.C.S.P.
 MARY C. FIELD, M.C.S.P. (*Appointed 1.5.55*)
 (2 5/11 Vacancies)

CHIROPODIST

*HAROLD WILDBORE, M.Ch.S.

REMEDIAL GYMNASTS :

MARION J. DAVIS
 WILLIAM COLLINS

CHIEF SPEECH THERAPIST :

(Vacant)

SPEECH THERAPISTS :

*EILEEN S. SPRAYSON, L.C.S.T.
 SHEILA M. KALRA, L.C.S.T.
 *SYLVIA M. B. WHITE, L.C.S.T. (*Resigned 31.7.55*)
 PATRICIA S. McDONOUGH, L.C.S.T. (*Resigned 31.8.55*)
 BRENDA A. LEVY, L.C.S.T. (*Resigned 30.9.55*)
 MARGARET G. CHALMERS, L.C.S.T. (*Resigned 31.8.55*)
 BRENDA M. GROSSMITH, L.C.S.T.
 RUTH E. LOADES, L.C.S.T. (*Appointed 1.9.55*)
 JENNIFER M. BECKETT, L.C.S.T. (*Appointed 1.9.55*)
 HEATHER SHILTON, L.C.S.T. (*Appointed 26.9.55*)

SCHOOL NURSING STAFF :**Superintendent School Nurse :**

DOROTHY A. ASHBY, S.R.N., H.V. Cert.

Deputy Superintendent School Nurse :

A. WINIFRED ASHWORTH, S.R.N., S.C.M., H.V. Cert.

School Nurses	.....	.....	.....	.....	52
Nurses in Nursery Schools	.....	.....	.....	.....	5
Nursing Assistants	.....	.....	.....	.....	18
(3 Vacancies for School Nurses)					

OTHER STAFF :

Matron at Martineau House	...	...	...	...	1
Matron at Wake Green Hostel	...	...	...	...	1
Nurses in Special Schools :					
Residential	...	...	...	...	5
Day	...	...	...	...	4
State Enrolled Assistant Nurses in Special Schools :					
Residential	...	...	...	...	1
Day	...	...	...	...	1
Dental Attendants	...	...	...	...	21

*Part-time Officers

†Appointed by Regional Hospital Board.

SCHOOL HEALTH SERVICE,
 QUEEN'S COLLEGE CHAMBERS,
 38A, PARADISE STREET,
 BIRMINGHAM, 1.
 (Telephone : MIDland 1518)
 December, 1955.

SUMMARY OF WORK—1955 :

	<i>Children</i>	<i>Attendance</i>
SCHOOL MEDICAL OFFICERS AT SCHOOLS :		
Visits to Schools—2,829		
Routine Inspections—		
Primary and Secondary Modern Schools ...	47,344	
Secondary Grammar Schools	3,721	
Special Schools	553	
Nursery Schools and Classes	2,361	
Selected Cases—		
Special Inspections	3 250	
Re-inspections	4,784	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS :		
Special Inspections	24,915	
Re-inspections	19,571	
OPHTHALMIC CLINICS :		
Number of spectacles prescribed by the Ophthalmic Surgeons	4,531	6,174
Number of spectacles prescribed by the Medical Officers	692	973
AURAL CLINIC :		
Number examined by the Aural Surgeon	399	} 2,904
Number of diastolizations	—	
Number of mastoid dressings... ..	329	
Number of other aural treatments	2,218	
Number of audiograms	357	
ORTHOPAEDIC CLINICS :		
Number examined by the Orthopaedic Surgeon ...	198	} 35,379
Number treated by the Physiotherapists	3,146	
CHILD GUIDANCE CLINICS	699	
SPEECH THERAPY CLINICS	1,021	10,728
ULTRA-VIOLET RAY TREATMENT	2,635	31,134
DENTAL CLINICS	41,404	63,264
ORTHODONTIC CLINIC	421	4,071
ASTHMA CLINIC	102	1,484
SCHOOL NURSES AND/OR NURSING ASSISTANTS		
Examinations of Children for Uncleanliness ...	406,272	
Vision Tests	48,373	
Home Visits	3,120	
CHIROPODY CLINIC	289	1,084

CITY OF BIRMINGHAM

GENERAL INFORMATION

Population (Estimated)	1,117,700
Area	51,147 acres
Density of population	21.85 persons per acre
Rateable Value (at 1-4-55)	£7,802,640
Education rate	112.41d.
Penny rate produces	£30,950
Primary and Secondary Schools (including Nursery Schools)	
Number of Schools	467
Average number on rolls	184,869
Special Schools :	
Number of schools	26
Average number on rolls	3,048

ANNUAL REPORT
of the
PRINCIPAL SCHOOL MEDICAL OFFICER
HAROLD M. COHEN, M.D., D.P.H.,

For the Year ended 31st December, 1955.

To the Chairman and Members of the Education Committee.

I have the honour to present for your consideration a report of the School Health Service for the year ended 31st December, 1955.

The School Health Service is sometimes described as merely an inspection service to discover defects to which is added a treatment service.

Yet in the very early days of the Service there was a departure from these narrower concepts and the implications of the report of the Interdepartmental Committee on Physical Deterioration of 1904 became the guiding principles. Because these changes are imperceptible, and whilst improvement in the physique of the children is incontestable, it cannot be said to be due to the School Health Service only, the actual benefits from the School Health Service are not easy to measure.

The different ways, however, in which the Service influences the health of the children have been described in previous Reports. For emphasis some of these are briefly mentioned here. The periodic medical inspections, for example, take place in the school with the parent, teacher and doctor brought together for the benefit of the child. The parent has come willingly and is in a receptive frame of mind. Now is the time for the doctor to gain her co-operation in the promotion of good health. The teacher is mindful of the part the school plays in the life of the child. Because he works in the School Health Service—and the name is significant—the doctor advises further on the buildings, the physical activities of the children and their health education. He interests himself in the school meals and the hygiene of the kitchens and school buildings.

At the school clinics the parent can visit the doctor in between his school inspections and consult him easily and freely on any problem connected with the child. The school doctor can piece together information from a wide variety of sources and build up a complete picture of the child in his total environment. The part played by the school nurse is well described in the body of the Report.

As we have said previously, we consider mental health as well as physical health in our health assessments. The school doctor, in close association with the child guidance service is concerned with the prevention of mental ill-health and in spreading the knowledge concerning mental health. When further assistance is required for the diagnosis and treatment of psychological problems the child is referred to the Child Guidance Clinic.

The positive approach to mental health underlies the Report of the Committee on Maladjusted Children which was presented to the Minister last year. It is of course impossible to give an account of the Report in this letter but several general points are of some interest.

At the beginning of this letter I mentioned that even in the early days of the service there was an attempt to promote the general health of the child. So in this Committee Report we are reminded :

“ A circular issued by the Board at this time (1907) stated that the aim of the new legislation was ‘the physical improvement and as a natural corollary the mental and moral improvement of coming generations.’ ”

Far-seeing school medical officers were already pointing out the need for a psychological service for school children. In his annual report in 1908 Dr. G. A. Auden, the school medical officer for Birmingham wrote : ‘ It is perhaps here that one of the most valuable effects of a Medical Department may be found i.e. in the close correlation of the applied psychological and scientific investigation to the problems which present themselves in adapting the education to the individual needs and capacities of children. . . The establishment of a practical Psychology Department in a University in close connection with the schools of the town would be of the greatest possible value towards the elucidation of the many problems which beset educational effort.’ ”

I am happy to say that Dr. Auden still takes a great interest in the service.

The plans for the development of the child guidance service in Birmingham were drawn up several years ago, and it is pleasing to note the close agreement between the estimated local staffing requirements and for corresponding numbers of children based on the Minister's Committee report. The figures for psychiatrists and psychologists are identical but those for psychiatric social workers are 14 and 12 respectively.

A further stage was reached in the development of the child guidance service when the clinic in Yardley Wood Road, “ Stannington ” was opened in January, 1955. Dr. Crawford who was appointed as a part-time psychiatrist, commenced to work in the Child Guidance Clinics in November. Dr. Stirratt, who had been appointed to a post over-seas was fortunately able to carry on with the treatment of her cases during the early part of the year.

Sections in the report have been contributed, as usual, by various members of the service, indicating the varied aspects of the work undertaken.

I am pleased to state early in this letter, that as far as the school medical officers can judge, and by examination of the available information, the health and well-being of the children, in general, continues to be satisfactorily maintained. A small group, however, were found as in previous years, to be in need of special care on account of debility or respiratory diseases. These children are often well known to the family practitioner and out of experience these doctors recommend admission to an open-air school. In this industrial town much attention and thought are being given to the planning and re-development of the older areas. Although the work is being pushed on much remains to be done. Many of the children from these areas who are admitted to the open-air schools in a state of sub-normal health are restored to full health and can return to normal full-time education. There would appear to be justification therefore for regarding increased provision of open-air school accommodation for these delicate children as of special importance.

A full account of the excellent work of the school dental service is given by the Principal School Dental Officer. The personnel still falls short of establishment, but fortunately there has been again an increase in the number of dental sessions worked during the year. Mr. Thomson outlines some of the plans for the expansion of the service, more particularly in the field of orthodontics.

We are happy to welcome Miss Ashby, the Superintendent School Nurse, back to duty after her illness. Her report is comprehensive and a special reference is made to the re-arrangement of duties amongst various members of the staff. It is hoped that in this way the school nurses, will be able to spend more time on follow-up of defects of health, development and environment, and to devote more time on health education.

The Committee approved the creation of a post of responsibility for a school health visitor at each of the school clinics and in November seven such clinic superintendents were appointed.

It is distressing to note that the number of deaths from violence is increasing, whilst deaths from other conditions show a decrease. Attention is being paid to the prevention of death and injury and the activities of such agencies as the Royal Society for the Prevention of Accidents and the Birmingham Accident Prevention Council are mentioned in the Report. The Ministry of Transport Committee on Road Safety has recently issued its report on child cyclists which is receiving the attention of these bodies.

In the section on part time employment of school children, Dr. Lenin discusses the problems relating to children who take part in theatrical performances.

The demand for investigation and treatment at the Asthma Clinic continues to be as great as in previous years. Not only do the school medical officers refer the children but also the general practitioners seek directly the help which the Clinic affords.

Dr. Morrison Smith, the Consultant Chest Physician who conducts the clinic writes an informative report on the subject. In particular, mention is made of the need for residential treatment for some of these children.

The methods of prevention and the arrangements for the ascertainment and for the care of tuberculous children are described fully in these pages. The Scheme for B.C.G. inoculation against tuberculosis is being accepted readily as judged by the high percentage of children who are tested. In this connection it will be recalled that the Medical Research Council carried out part of the clinical trials into the value of B.C.G. in Birmingham. Dr. Mitchell discusses the follow-up of the children who took part and it will be noted how efficiently and completely this is being done. In February of this year the Medical Research Council published a progress report on the investigation and Dr. Mitchell discusses the findings. Briefly it can be said that the investigation has provided "clear evidence" on the value of B.C.G. and vole bacillus vaccines in preventing tuberculosis in adolescents.

Under the present scheme, as an additional health measure, the children who are not vaccinated are x-rayed. Dr. McDowell discusses the findings amongst these children.

Close co-operation continues with the Chest Clinic in the ascertainment of children suffering from tuberculosis. Dr. Springett gives a complete account of this disease amongst children and it is heartening to note the progress which is being made to reduce its effect.

The project to provide a new School Clinic to replace the Harborne Lane Clinic has been included in the 1956—57 Major Building Programme. Plans are being drawn up and negotiations for a site in Albert Road, Harborne, are at present proceeding.

During March there was a further meeting of the West Midlands Conference on Special Residential Schools.

The original purpose of the Conference was to enable Local Education Authorities in the West Midlands to consider jointly the need for residential special school accommodation for those categories of handicapped children whose needs could be met only on a regional basis. The first Regional Conference of the West Midland Authorities was held soon after the cessation of hostilities arising from the desire to plan accordingly to the overall need in the field. Since then successive Ministers of Education had realised that a great deal of good resulted from discussions between neighbouring Authorities on this subject. Accordingly at this latest meeting the Conference desired to establish a permanent Advisory Council and an Advisory Committee. A draft constitution was to be submitted for the consideration of constituent Authorities.

In previous reports, accounts have been given of parties of boys who had stayed at the Davos Alpine School. This was accommodated at a chateau owned by Messrs Kunzles. The first party was sent in June, 1948 and since then, parties of 32 boys who had stayed for approximately six months visited the school. The party which returned in November, 1954, however, proved to be the last. Difficulties in connection with the scheme arose and after most careful consideration, the Committee decided not to send any further parties. The Committee have expressed their deep appreciation to Messrs. Kunzles. for having made it possible for handicapped children, chiefly asthmatics, from Birmingham to use the chateau at Davos for a number of years and stated that they had most regretfully come to the conclusion that the difficulties inherent in the organisation of a school at such a great distance from base were too great for the continuation of the scheme.

Dr. Kemp contributes an interesting account of his supervision of the Special Schools.

During the year an extra full-time teacher was appointed at the Children's Hospital. In addition to teaching in the hospital this teacher became available also for home teaching with Children's Hospital cases. It frequently happened that children had long spells in the hospital, broken by intervals of a month or six weeks when they were allowed to go home.

The results of the vigorous policy which the Committee has shown over building new special schools for handicapped pupils are becoming evident.

The new buildings to replace the Braidwood School for the deaf and the Wilson Stuart School for the physically handicapped at Wyrley Birch, Perry Common have made steady progress and it is hoped both schools will open in September, 1956.

In addition a tender has been negotiated with the contractors responsible for these two schools, for the erection on the same site of a third new school to replace the Whitehead Road School for the partially sighted.

The new school to replace the North Cross School for educationally sub-normal pupils will open at Amblecote Avenue, Kingstanding in September, 1956.

At Staple Hall Farm, Northfield, a new school for educationally sub-normal pupils, to be named "The Collingwood" after a former head teacher who contributed a great deal to the education of sub-normal children in Birmingham will be opened in September, 1956 to replace the Bristol Street School.

Plans are being drawn up for a new school which will replace the Pinsent School for educationally sub-normal pupils and provide additional places at Holly Bank, Billesley.

A property known as Craigweil Lodge, Bognor Regis has been purchased to replace Martineau House, Towyn, and it is hoped to make an early start on the necessary adaption to enable the building to be used early in 1957.

Progress is being made with the plans to improve the bathroom and sanitary accommodation block at Cropwood residential open-air school and the adjoining Rosemary Cottage. In addition it is proposed to take into use shortly the premises of the former youth club camp at Blackwell for the purposes of the school.

Contractors have been instructed to start work on the erection of a new three classroom block at The Longwill School for the Deaf, the provision of which will obviate the necessity of hiring accommodation at The Friends' Institute. One of the rooms will be a sound-proof room equipped with an up-to-date group hearing aid.

Plans for the erection of a new housecraft block, including a flat, for St. Francis residential school for educationally sub-normal pupils, have reached an advanced stage.

Good progress is being made in the improvements at Marsh Hill open-air school. The rest sheds have been enclosed and re-decorated. New heating by gas panels has been installed in two classrooms. Re-modelling of the cloakroom and lavatories and alterations in the medical block are being carried out.

The enclosure and re-decoration of the rest shed at Uffculme open-air school is nearing completion. Good progress has been made with the plans for the provision of two new classrooms and for the extension of the dining accommodation.

A new auditory training unit designed and developed by Amplivox Ltd. in co-operation with the Department of Education of the Deaf at Manchester University has been provided at each of the two schools for the deaf. The unit is designed to facilitate the individual teaching of young deaf children.

Much has been done to replace the old-fashioned and out of date furniture in some of the residential schools, by modern furniture. In particular a start has been made in replacing iron bedsteads by well-designed wooden bedsteads.

During the year the Chairman and various officers paid several visits to residential special schools, not maintained by the Committee where there are Birmingham children. In this way first hand information is obtained and an actual link is maintained with the children for their benefit.

It will be recalled that the Committee gave permission to Mr. Halstead, the clinical psychologist at Uffculme Clinic, to carry out a survey of epilepsy amongst Birmingham school children several years ago.

The aim of the investigation was twofold. Firstly an attempt was made to locate all children of school age in Birmingham who are known or are suspected to suffer from epilepsy. The second and chief aim of the research was to administer a series of tests to each child individually, comprising tests of intelligence, reading, arithmetic and psychomotor ability. A control group was also tested.

Mr. Halstead has now contributed to this Report an article on his findings. Briefly, he states that over the past few years, occasional articles have appeared on the abilities of epileptic children, and those were concerned only with verbal intelligence as tested by the "Binet" type of test. In none of them was a control group used. In some of the studies the test scores had been related to certain aspects of epilepsy.

Some other studies have reported that epileptic children were backward in arithmetic and in psychomotor ability.

The main object of the survey, therefore, was to compare epileptic children with a matched control group on a wider range of abilities, both academic and non-academic ; to correlate test scores with as many aspects of epilepsy as possible, and to correlate these variables with each other.

It will be seen that the survey reveals the scores of epileptic children generally to be below those of non-epileptic children, but not seriously so. Epileptic children attending ordinary schools perform almost as well as the controls, but those attending a special residential school show significant deficits. In general the lower scores are from brain injured cases, especially those with paraplegia.

As far as particular tests are concerned the lowest scores are in the arithmetic test, but this applies both to epileptic and controls. The deficit in this test is the smallest of the four. Other findings are discussed in the report.

Mention is made in the report of the changes amongst various members of the staff. I would like to mention more particularly the retirement of two School Medical Officers. Dr. Kate Gray who had been appointed in January 1942 retired in May 1955 and Dr. May Blakiston who had been appointed in August 1942 retired in March 1955. They gave loyal and conscientious service and we wish them a happy retirement.

We welcome Mr. Norman L. Crabtree, the Ear Nose and Throat Surgeon at the Children's Hospital and the United Birmingham Hospitals, as part-time Aural Surgeon, following the retirement of Mr. Brayshaw Gilhespy. An appreciation of Mr. Gilhespy's services appeared in the report for 1954.

It will be noted in the Report that Mr. McCuaig, M.B.E. Organising Inspector of Physical Education retired in August 1955. He had held

this appointment for 34 years during which time he collaborated closely with the School Health Service. We wish him a happy retirement and we welcome his successor—Mr. J. F. McCarthy.

It is a pleasure again to acknowledge the support and interest of the Chairman and Members of the Committee in the welfare of the children, to thank Mr. Russell, the Chief Education Officer, for his consideration and his assistance, the staff of the various departments for their help in the preparation of the report, Dr. Burn, the Medical Officer of Health for account of the work undertaken by his Department, the teachers for their ready help, and the members of the School Health Service for their continued loyalty and collaboration.

H. M. COHEN.

SCHOOL CLINICS

SCHOOL CLINIC	Number of Schools	WORK UNDERTAKEN (Number of Sessions per week)									
		Minor Ailments and Inspection	Refrac-tion	Dental	Ortho-pædic	U.V.R.	Ear, Nose and Throat	Speech Therapy	Ortho-dontic	Chi-ropody	Asthma
Aldridge Road, Great Barr,	22	6	$\frac{1}{2}$	11	11	3					
Albert Road, Aston,	32	6	$2\frac{1}{2}$	11		6					
Church Lane, Kitts Green,	34	6	$\frac{1}{2}$	19	11	3					
Great Charles Street,	36	6	6	9			2				1
Soho Hill, Handsworth,	43	6	1	11		3		10			
Harborne Lane, Selly Oak,	46	6	1	9		4					
Maas Road, Northfield,	35	6	1	11	5	4					
Sheep Street, Gosta Green,	39	6	2	10	11	6			5	3	
Sherbourne Road, Balsall Heath,	29	6	2	8		4					
Stratford Road, Sparkhill,	40	6	2	11	11	4					
Slade Road, Erdington,	33	6	1	8		4					
Warren Farm Road, Erdington,	24	6	$1\frac{1}{2}$	19							
Warstock Lane, King's Heath,	33	6	1	9	6	2					
Yardley Green Road, Little Bromwich,	51	6	4	18		4					
Friends' Institute, Moseley Road,	—							10			
Dame Elizabeth H'se, Stechford,	—							10			
Congregational Hall, Brackenbury Road, Erdington,	—							10			
280, Birchfield Road,	—							10			
29, George Road,	—							15			
Birmingham Athletic Institute, John Bright Street,	—				7						

CHILD GUIDANCE CLINICS, 29, GEORGE ROAD, BIRMINGHAM, 15, 280, BIRCHFIELD ROAD, BIRMINGHAM, 20, and 455, YARDLEY WOOD ROAD, KING'S HEATH, FLOODGATE STREET BATHING CENTRE, BIRMINGHAM, 5.

The figure under the heading " Work Undertaken " indicates the number of sessions usually held. The figure is not constant, however, and varies according to the demand of the particular forms of treatment concerned.

STAFF

Dr. P. H. Seaton was appointed in April to replace Dr. K. Gray who retired in April, and Dr. M. W. Blakiston also retired in May, being replaced by Dr. N. M. Johnston who took up her duties in April. Dr. M. R. MacLeod resigned in April and Dr. Paterson at the end of December, Dr. A. Shaw being appointed in September to fill the first of these two vacancies.

Two full-time Dental Officers were appointed during the year, Mr. G. H. Kettle and Dr. B. Broch in September, to fill vacancies. A number of part-time Dental Officers were also appointed during the year.

Dr. J. A. Crawford was appointed as an additional Consultant Psychiatrist at the Child Guidance Clinic in November, and two Psychiatric Social Workers resigned during the year, Miss D. P. P. Ovenden in August and Miss M. H. Ridler in September. One of these vacancies was filled by Miss E. Podbur, who was appointed in September and the other by Mrs. B. K. Dearnley who returned from the course of training for the Mental Health Certificate at the London School of Economics in September.

In February, Mr. N. L. Crabtree was appointed as part-time Aural Surgeon to replace Mr. F. B. Gillhespy who retired at the end of the previous year.

Dr. E. M. Dudley was appointed to the panel of Anaesthetists in June and Doctors C. M. Campbell and D. W. J. Cullingford in July.

One Physiotherapist, Miss M. C. Field, was appointed in May to fill a vacancy created by the opening of a new clinic.

Four Speech Therapists resigned during the year: Mrs. S. M. B. White in July, Miss S. McDonough and Miss M. G. Chalmers in August and Miss B. A. Levy in September. Three of the resulting vacancies were filled by Miss R. E. Loades, Mrs. J. M. Beckett and Miss H. Shilton, all of whom took up duty during September.

A number of changes occurred amongst the nursing staff and Dental Attendants. The following School Nurses were appointed as Clinic Superintendents in December: Miss M. Bland, Miss J. E. Dent, Miss H. M. Dixon, Miss G. Hunt, Miss E. M. Judge, Mrs. L. Smith, and Miss M. Webster. Several vacancies for School Nurses remained unfilled at the end of the year.

CO-ORDINATION

The interchange of relevant information between the Public Health Department and the School Health Service continues to take place smoothly and satisfactorily.

Further help is given in the building up of continuous medical histories of school children through the reports received from the hospitals

on children who have been under their care. In general, the suggestions in the Circular to the Hospital Boards are being carried out.

The arrangements for the removal of tonsils and adenoids at Dudley Road Hospital have continued in accordance with the agreement with the Regional Hospital Board.

The school medical officers take part in the scheme for supplying the Ministry of Health, through the Medical Officer of Health, with early information regarding winter epidemics of influenza and similar diseases. The school medical officers are well placed to obtain early information as to the occurrence, incidence and severity of influenza among school children and to give an indication of the beginning of any increase and to trace its spread over the city.

MEDICAL INSPECTION

In accordance with the decision taken under the School Health Service Regulations, 1953 the following arrangements are made for the medical inspection of pupils :—

- (a) As soon as possible after the date of their admission to a maintained school for the first time.
- (b) During the last year of their attendance at a maintained primary school.
- (c) During the last year of their attendance at a maintained secondary school.

Children who may need to be kept under observation for any defects found at the intermediate examination are seen either at the school clinic or when they arrive at the secondary modern or grammar school at the next visit of the medical officer. In this way they are followed up regularly. The main statistics on medical inspection will be found on pages to and the findings are given in accordance with the Ministry's requirements.

The parents receive an invitation to be present at these examinations so that a full discussion can take place on each child. Whilst the parents in general appreciate the value of this consultation with the doctor, it is interesting to note from the following percentages that the attendances fall off with the older children.

Percentages of parents attending with children at the various age groups :—

Entrants : 5 years old	.....	97 per cent.
Second Age Group : 10 years old	.....	91 per cent.
Third Age Group : 14 years old	.....	56 per cent.

The number of defects found to require treatment at these periodic examinations was 19,774 whilst in addition a further 16,430 were referred for medical supervision.

Children previously found to have defects are also examined (re-inspections).

In addition, other children are presented as "specials" for examination by the school medical officers.

GENERAL CONDITION

Classification of Children under the Heading "General Condition" on the School Medical Record Card

The Doctors are asked to classify the children at the periodic routine medical examinations under the heading "General Condition" into the following groups, "good," "fair," and "poor."

The relevant figures for the year under review and certain comparable figures are given below.

AGE GROUPS	Number of Pupils In- spected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1) Entrants	(2) 20,863	(3) 5,221	(4) 25.03	(5) 14,830	(6) 71.08	(7) 812	(8) 3.89
Second Age Group	18,716	5,277	28.19	12,919	69.03	520	2.78
Third Age Group	14,400	4,051	28.13	10,007	69.50	342	2.37
Total, 1955 ...	53,979	14,549	26.95	37,756	69.95	1,674	3.10
Total, 1954 ...	51,566	11,384	22.08	37,753	73.21	2,429	4.71

In general it will be seen that the condition of the children examined has been maintained satisfactorily. Once again it must be pointed out, however, that this grouping is arbitrary and the assessments by the school medical officer are made on a subjective basis. So whilst the grouping cannot be regarded as a strictly accurate measure, yet it is reasonable to assume that the general impression of the doctors following the careful clinical examination, gives a reasonable indication of the child's general condition. In considering the classification, it is useful to remember that attention has been drawn by the Chief Medical Officer to the Ministry of Education, to the Oxford Dictionary meaning of the word "fair" as "satisfactory." The school medical officers classify the children in that sense under that particular heading.

In previous years the possible reasons for the "poor" or unsatisfactory group of children have been discussed. The following reports from school medical officers suggest that persistent ill-health, environmental conditions and food fads have some share in causing these children to be sub-standard. An enquiry is being carried out, however, among the children who are classified in this group to determine more particularly whenever possible the factors which may be responsible.

"The child who won't eat: This, in the age group 5-8 years, is a perennial problem for mothers. It may be due to too much table discipline, or too little or lack of imagination in preparing meals. The obvious maternal anxiety provides a 'power situation' which few young children could resist exploiting. The mischief is often reinforced by mother talking in the child's presence of faddiness, picking at food, etc. There is in children and in all of us, a curious negativism which can be utilized to restore a child to normal eating. A child will usually eat if in a large group of normal children, such as at school dinners.

A real loss of appetite occurs with chronic infection and hypertrophy of adenoids and tonsils and the constant swallowing of infected nasal discharges. Nasal obstruction diminishes the sense of smell and without this food becomes dull.

Child Health: We preen ourselves on the improved national health as shown by vital statistics and various mortality rates but I sometimes wonder if it is not more apparent than real. There is no sharp division between health and sickness and if fewer children are ill to-day and more are in robust health in between these two extremes, there is a large zone of vague and indeterminate ill health. In this field of minor sickness preventive medicine, with its essentially educational approach, can do much. Promotion of good health diminishes the severity of ordinary infection and there is good evidence that extra vitamins and ultra-violet light do in fact reduce the number of winter colds and of respiratory catarrh generally.

Each term I interview for a short time about 1,500 mothers and spend not a little time trying to teach them to do things for themselves and not rely on the National Health Service for everything; to resuscitate the art of our mothers in their 'kitchen medicine.' It does not always bear fruit; it tends to be exhausting, but I have had many rewarding occasions."

"A Saturday afternoon tour of new housing estates, arranged by the Community Centre Association enabled me to visit new houses and flats from which a good number of children come to one of my schools. This helped me to understand parents' difficulties—distance from shopping centres, and the noise in the small blocks of flats due to the echo of voices and footsteps on the concrete stairs.

The noise in the blocks of flats causes much trouble and quarrelling, especially if the people overhead come in late, perhaps the worse for drink and start quarrelling. This disturbs the children in the flat below and upsets them.

This could only be appreciated by actually having visited the flats."

SCHOOL BUILDINGS

During the year the work of improving pre-war schools has continued and 651 improvement schemes were authorised. Of this number 267 related to schemes for the improvement of sanitary accommodation at 241 County Schools and 25 Controlled Schools.

The medical officers pay attention to the hygienic condition of the schools during their visits and notify any defect for appropriate action.

Much thought and care have been given to the redecoration of schools. "An old school can be transformed visually by a gay and well chosen colour scheme." Accordingly each school is treated as a separate problem with due regard to the architectural features. "Many old schools with dignified towers have very beautiful pointed windows and spacious halls which respond very well to sympathetic treatment."

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

The enquiry into the growth, health and development of children born between the 3rd and 9th March, 1946, was continued during the year. This investigation is being sponsored by the Joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health and the Population Investigation Committee. The Special Services Branch of the Ministry of Education have been closely associated with the planning of the enquiry.

In previous reports the aims and progress have been described. During the past year the children have not been medically examined but the school nurses paid a home visit to each child. Information was obtained, according to the form of enquiry, relating to general welfare, accidents, illness and major disturbances of behaviour. In addition the class teachers keep a careful record of the absence of these children and complete a short questionnaire for each child's school history for the year.

The number of children seen for the purpose of this survey during the year was 95 compared with 106 in the previous year. Credit must be paid to the school nurses for their help in keeping the parents interested in the survey and for welcoming the new-comers into the City.

Various articles relating to features which are emerging from the information already obtained have been published.

THE PROBLEM FAMILY

Dr. Lemin reports :—

“ The hard core of the problem family has remained with us throughout the year and these have been dealt with both centrally and through the clinics as the particular aspects of the case warranted.

Liaison has been maintained with other people including the N.S.P.C.C., the Education Welfare Department, Family Service Unit and the Children's Department on the various conditions as they arise.

The trend towards encouraging parents to accept their responsibilities in the home has continued, so that by visiting and the obtaining of discussions with the parents on their problems, an endeavour has been made to avoid prosecution and punishment which is, of course, not the answer to the conditions as they arise. It has again been borne out over the year that poverty is not one of the major factors, coming much further down the list than irresponsibility, bad management, carelessness and lack of thought for the children whose care lies with the parents. Whereas rehabilitation is most useful, segregation of these families does not appear to be the complete answer.

I would reiterate the need for combined efforts of all branches of the welfare world, so that highly experienced patient and humane workers can tackle this difficult problem before it has too major an effect on the children involved.”

SCHOOL MEALS SERVICE

The value of school meals in promoting the health of children and its importance as an educational and social measure have been discussed in previous reports.

Co-operation continues between the Medical Officer of Health, the Principal School Medical Officer, the Head Teacher, the Meals Organisation and the staff of the kitchen. Furthermore in addition to the general inspection by the school doctor, the Principal and Deputy Principal School Medical Officer, pay special visits in connection with the hygienic conditions in the kitchen and make recommendations where necessary for the improvement of the school canteen.

The Principal School Medical Officer is regularly consulted over the health of the canteen workers.

Daily number of children supplied with dinner during the year ended 31st December, 1955.

						<i>Secondary</i>	<i>Primary</i>
January...	...	...	...	...	...	20,209	35,461
February	...	...	...	...	...	20,449	35,415
March ...	...	...	...	...	...	19,868	35,815
April ...	...	...	...	...	...	19,939	35,513
May ...	...	...	...	...	...	18,898	37,257
June ...	...	...	...	...	...	18,650	36,938
July ...	...	...	...	...	...	17,475	37,024
September	...	...	...	...	...	25,043	34,529
October ...	...	...	...	...	...	24,622	36,368
November	...	...	...	...	...	24,709	36,539
December	...	...	...	...	...	24,463	37,094

DAILY NUMBER OF MEALS SERVED DURING HOLIDAYS

			<i>Average Number during Term</i>	<i>Holiday Meals</i>	<i>Percentage</i>
Easter	}				
April		...	55,452	1,881	3.39
Whitsuntide	}				
June		...	55,588	1,579	2.84
August	}				
September		...	59,572	1,311	2.20
Christmas	}				
December		...	61,557	1,011	1.64

Number of children eligible for free meals at December, 1955 was 5,801. The number for December, 1954 was 5,986 and for December, 1953 was 6,612.

DINNERS SUPPLIED TO CHILDREN 1ST JANUARY, 1955—31ST DECEMBER, 1955

			<i>Free Dinners</i>	<i>Part-Paid Dinners</i>	<i>Paid Dinners</i>
Nursery	...	...	10,321	394	345,289
Primary	...	...	660,423	24,640	5,904,504
Secondary Modern	...	...	237,837	8,494	2,033,869
Grammar and Technical	...	...	25,941	1,149	1,637,875
Special Schools	...	...	26,389	1,024	276,606
			<u>960,911</u>	<u>35,701</u>	<u>10,198,143</u>

MILK IN SCHOOLS SCHEME

Number of children taking milk (as per return to Ministry of Education) on a given day in October, 1955.

153,188 *Percentage 87.53*

SCHOOL CANTEENS

Dr. Lemin reports :—

“ With the continued importance of the school meal in the life of the school child, not only as a help towards physical fitness and improved nutrition but as part of the important educational system of training, visits have continued to be made during the year to canteens with Miss Jones, School Meals Organiser, and as in previous years, the visits have been timed so that serving of meals has been watched. Contact with the school side has also been made and there have been some problems in serving which have arisen and have been discussed in situ.

As the work in the school canteens has been observed the factor of unnecessary fatigue in the staff, which so often leads to involuntary carelessness in hygiene, has been borne in mind. It is good to note that in the new canteens increased facilities are given to make personal hygiene more easy to attain. It is apparent more than ever that the strength or weakness in a canteen, as far as the excellence and safety of its food, rests to a great extent on the personal factor of the staff. It is, therefore, with pleasure that I have to record that I have had opportunity of talking on hygiene and health to canteen staffs generally during the year. This is most useful, as a number of questions come up which can be answered on the spot and the views obtained of the people in the field as to the practicability of the suggestions in the maintenance of hygiene.

During the visits to all types of canteens, it was interesting to note that so often it is the small factors, such as the placing of refuse disposal containers and their proper isolation which call for thought and sometimes emendation.

The co-operation between the School Meals Department and School Health Service, which is very necessary if the canteen work is to attain to the height so desirable, has been happily maintained during the year.”

MINOR AILMENTS AND INSPECTION CLINICS

The value of the aid which is given to both mothers and children at these clinics is shown by the number of attendances. Whilst treatment of minor ailments constitutes the major reason for attendance the opportunity to consult the school medical officer is also frequently taken by the parents in accordance with the trends outlined in the introductory letter.

There have been 60,264 attendances during 1955.

Scabies

68 cases were found during the year. This is a welcome decrease from the number of cases for 1954 which was 96. The increase last year from, curiously enough, 68 cases in 1953 was viewed with a certain foreboding relating to past experience. It is interesting to note that the number in 1949 was 599, which fell to 207, 147, and 149 for the years 1950, 1951 and 1952.

Ringworm of the Scalp

There has been an increase in the number of cases compared with 1954, 59 as compared with 34. There were 76 cases however in 1953. It would appear from the review published last year that the animal hosts, especially cats and dogs, still remain a source of infection.

Ringworm of the Body

There was also an increase from 53 cases in 1954 to 87 during the present year.

Diseases of the Skin

There has been some decrease in the incidence of impetigo, and the number of general skin diseases remains very much the same as in the previous year.

Church Lane School Clinic, Kitts Green

A full description of this new clinic was given in last year's Report. The accompanying photographs of the clinic illustrate the Architect's concept of a pleasing design and spaciousness, although the site is rather small.

DEFECTS OF EAR, NOSE AND THROAT

Mr. Norman L. Crabtree, the Ear, Nose and Throat Surgeon now attends the Aural Clinic following the retirement of Mr. F. Brayshaw Gilhespy at the end of 1954. There is a nurse in charge who carries out treatment according to the Specialist's direction. The testing of hearing of children who are referred for various reasons by means of the pure-tone audiometer is undertaken by this nurse.

Reports are also sent to the medical officers at the school clinics where the treatment prescribed by the surgeon can be carried out.

During the year, 2,904 attendances were made at the Aural Clinic.

Number of examinations made by the Aural Surgeon during 1955	399
Number of diastolizations during 1955	...
Number of mastoid dressings during 1955	329
Number of other aural treatments during 1955	2,218
Number of pure-tone audiometer tests during 1955	357

Mr. Crabtree reports :—

“ In his final report last year, my predecessor, Mr. Gilhespy, reviewed the essential part played by the clinic, and the changes which had occurred during his period of service. He commented that from time to time he had been asked whether the work could not have been carried out by the general practitioner and the hospital ; the Aural Clinic is complementary to these and plays a part in the medical care of the school child which cannot adequately be carried out elsewhere.



CHURCH LANE SCHOOL CLINIC—CORNER—OF THE QUADRANGLE



CHURCH LANE SCHOOL CLINIC—PHYSIOTHERAPY DEPT

The title of the clinic was wisely chosen, as it must not be considered as comparable to a hospital Ear, Nose and Throat Clinic. The majority of respiratory ailments afflicting the school child, and necessitating periodic absences from school are most properly dealt with through other channels of the Health Services. The Aural Clinic is primarily concerned with those conditions which create an intrinsic educational problem, the principal of these being defective hearing.

Although hearing defects are found in every conceivable variety of type, degree and severity, they may be considered in two main groups ; those children who are born deaf or who become deaf in the first year or two of life, before they have learned the normal means of communication by hearing and speech, and those who develop hearing defects later, when speech has been established.

The latter are usually picked up during the course of screening tests during the early school years, and the first intimation is often from the teacher. They are rarely severe, and usually curable by appropriate medical attention, but while the hearing loss exists, they present an educational problem. For these cases the Aural Clinic is the most effective contact between the school medical services and the hospital.

The former type of case presents a great challenge alike to the otologist and the educational services. These children, suffering from severe hearing loss from early life, are the deaf mutes of the past, but now, by earlier diagnosis, the development of efficient electronic hearing aids, and progressive special educational facilities we can expect most of these children to develop speech and hearing to a degree not possible for the last generation.

The sociological implications are very considerable. Many of these children, diagnosed early and well trained by auditory and visual methods, and using the modern hearing aid, will be educable in normal schools, while those with severer defects will (by education in the Special Schools for the Deaf), attain a much higher level of communication than formerly. for this to be effective, diagnosis and training must begin at the earliest possible moment, if possible in the first year of life, and a delay even of weeks may effect the child's development and its subsequent educational achievements.

The standard which a deaf child can attain by education depends on the level of communication to which it has been trained in its pre-school years. Such training requires the most intimate contact possible between the Child Welfare Organisations, the Hearing Aid Clinics, and the Hospital Services. To these the Aural Clinic must be added as an essential link between the pre-school training and the special educational problems presented by each individual child."

AUDIOMETRIC SURVEY

The testing of hearing by means of the gramophone audiometer has been continued during the year. With the willing and active co-operation of the head teachers 112 schools have been visited.

It had been hoped to make a start with the sweep-frequency method of testing by means of a pure-tone audiometer, but unfortunately there has been some delay in obtaining the audiometer to replace the present apparatus at the Aural Clinic which would be used for the school testing.

The children tested by the gramophone audiometer were generally between the ages of eleven and fourteen, but a number of eight to ten-year-olds were also included. It is proposed to concentrate on the latter group next year so that ultimately all testing will be carried out in the Primary School.

In all, 24,080 were tested of whom there were 12,112 boys and 11,968 girls. Each ear was tested separately and the arbitrary classification which has been accepted, is used in the results obtained. It is well to state this classification as a guide :

Group A. Normal hearing falling within 3 to 6 units loss.

Group B. Slightly deaf, where there is 9 units loss.

Group C. Moderately deaf, where there is 12 to 18 units loss.

Group D. Severely deaf, where there is 21 to 30 units loss.

All the children who are found to have more than 9 units loss on the first test are re-tested to eliminate such facts as novelty, lapse of concentration and nervousness ; more especially is the second test necessary for the duller children. It has also been found helpful to test certain children three times instead of twice at first sitting ; this eliminates a number of failures. The number of children who failed to pass the first test was 1,612 of whom 845 were boys and 767 girls. These children were re-tested and 531 again failed the test—271 boys and 260 girls. The hearing of each ear separately in this group is shown as follows :—

Boys failed in one ear	...	227	Girls failed in one ear	...	211
Boys failed in two ears	...	44	Girls failed in two ears	...	49

As a result of the two tests the children were grouped as under :—

<i>Group A</i>	<i>Group B</i>	<i>Group C</i>	<i>Group D</i>
23,549	19	434	78

The number of ears tested in the survey :—

Boys 24,222	Girls 23,935	Total 48,157
-------------	--------------	--------------

(Three children, 2 boys and one girl had only one external ear due to congenital deformity).

The hearing acuity of all ears by groups :—

<i>Group A</i>	<i>Group B</i>	<i>Group C</i>	<i>Group D</i>
47,533	27	473	124

The parents of all children who failed to pass the second test, with the exception of those children who had suffered a mastoid operation, were notified of the deafness. They were also given the option of attending either the school clinic or their general practitioner for clinical examination and treatment. Where the parents decided on the latter course, an explanatory note was sent to the general practitioner with the option in this case of referring the child back to the school clinic.

The options for general practitioners were 127 (of these 67 returned by the practitioners to the school clinics and 7 to hospital). The options for the school clinics were 325. In addition, 10 children were attending hospital and 32 the Committee's Aural Clinic. Twenty-two children had previously been operated on for diseased mastoids and fifteen replies were still awaited. In seven cases, home visits were paid to obtain the parents' consent for clinical examination.

At the end of the year, the following examinations had been made :—

Children examined at school clinics, 392 ; of these 372 received treatment.

Children examined by general practitioners, 53 ; of these 46 received treatment.

Children examined at hospital, 7 ; of whom received treatment.

The defects from which the children were suffering are shown below :

			<i>Examined by own doctor</i>	<i>Examined at hospital</i>	<i>Examined at School clinic</i>	<i>Total</i>
Ch. sup. otitis media	...	...	9	8	92	109
Old otitis media	...	...	8	9	195	212
Polypi	...	...	—	—	—	—
Sub-acute otitis media	...	...	1	—	—	1
Mastoids post operative	...	...	—	22	—	22
Eustachian obstruction	...	...	3	—	17	20
Cerebral and other causes	...	...	—	—	—	—
Wax and foreign bodies	...	...	7	—	36	43
Retracted drumheads	...	...	—	—	—	—
Sclerosis	...	...	—	—	5	5
Catarrh	...	...	5	—	15	20
Diagnosis not known	...	...	13	—	12	25
N.A.D.	...	...	7	—	20	27
			53	39	392	484

The children were tested again after examination and treatment. Of 356 tested, 127 failed in some degree, 106 in one ear and 21 in two ears.

The grouping of the children was as follows :—

<i>Group A</i>	<i>Group B</i>	<i>Group C</i>	<i>Group D</i>
229	5	68	54

Hearing acuity in all ears in these groups was :—

<i>Group A</i>	<i>Group B</i>	<i>Group C</i>	<i>Group D</i>
458	5	76	67

Of the children with defective hearing in both ears, there were 2 children in Group B, 12 children in Group C and 7 children in Group D, taking the better ear as the criterion.

It will be noted that a number of children suffering from various degrees of deafness have been discovered through this survey. These children, by interesting the parents who were unaware of the condition, have had the benefit of a clinical examination and, in most cases, treatment has greatly improved the hearing. Furthermore, it can be stated that many of these conditions, so often painless and with no outward signs, if allowed to go untreated, become much more severe in adolescence and in later life, with increasing deafness. The work of this section falls within the spirit of the School Health Service—namely, the early detection and amelioration of defects, and the prevention of destructive processes.

TONSILS AND ADENOIDS

The arrangements made with the Regional Hospital Board for the removal of tonsils and adenoids at the Dudley Road Hospital, following the closing of the Committee's Clinic, were continued during the year. In accordance with the present outlook the school medical officers refer the cases for operation only after careful consideration and of the 155 children seen at Dudley Road Hospital 3 were diagnosed as not requiring operation. During the year 87 children were operated on for removal of tonsils and adenoids under the scheme.

In addition 3,154 children received operative treatment either in Dudley Road Hospital or in the other Birmingham hospitals.

EYE DEFECTS

The number of pupils examined in the routine age groups who suffered from defective vision (excluding squint) was :—

	<i>Number examined</i>	<i>Number found to have defective vision</i>	<i>Percentage</i>
Entrants	20,863	473	2·3
Second Age Group	18,716	1,989	10·6
Third Age Group	14,400	2,055	14·2

In addition the school nurses test the visual acuity of the children in certain other age groups and those found to have a defective vision are referred for the appropriate examinations.

OPHTHALMIC TREATMENT

The arrangements for the dispensing of the glasses prescribed by the ophthalmic surgeons and the medical officers who carry out refractions were made through the Supplementary Ophthalmic Services of the National Health Service. The Ophthalmic surgeons prescribed 4,531 glasses and the medical officers 692.

Mr. Mark Tree reports :—

“ During the past year I have again re-examined and investigated the pupils at both partially sighted schools. I am grateful for the assistance given to me by the Headmistresses, Miss Ludford and Miss Cox, who have also provided me with the statistical material necessary in compiling the lists of clinical groups. I have also had the advantage of the continued and experienced help of Nurse Davies at the clinic sessions of these children.

During the year ended 31st December, 1955 there has been a further slight reduction in the number of pupils attending the two schools. At 31st December the totals were 66 boys and 38 girls, making a total of 104 pupils as against 117 pupils in the previous year.

These reductions, I believe, are due to the new lower visual standards acceptable for normal school as suggested by the Ministry of Health Circular of 2nd March, 1955.

In addition, as I mentioned in my last report, our altered outlook on the subject of myopia will lead to more myopic children attending normal schools. The school statistics for the year show

New admissions	...	...	...	...	...	...	...	17 pupils
Leavers	...	...	...	...	...	...	...	20 „
Transfers to normal schools	...	...	...	...	...	...	...	5 „
Transfers to residential schools	...	...	...	...	...	...	...	2 „
Transfers between the Partially Sighted Schools	...	...	...	...	...	...	...	1 pupil

I have classified the pupils as follows :—

1. *High Myopia.* 23 cases consisting of 13 boys and 10 girls.

- (a) 2 with marked astigmatism
- (b) 3 with retinal degenerative changes
- (c) 7 with squints
 - 2 alternating convergence
 - 1 monocular divergence
 - 4 monocular convergence
- (d) 1 with partial albinism
- (e) 1 with old disseminated choroiditis
- (f) 1 with nystagmus

2. *Nystagmus*. 43 cases consisting of 29 boys and 14 girls.
 - (a) 11 with albinism
 - (b) 6 with congenital cataracts
 - (c) 13 with squints
 - (d) 1 with corneal nebulae
 - (e) 1 with bilateral macular degeneration
 - (f) 1 with bilateral inferior colobomata
 - (g) 1 with congenital hemiplegia
 - (h) 1 with head shaking
3. *Congenital Cataracts*. 16 cases consisting of 12 boys and 4 girls.
 - (a) 10 Familial types—3 with nystagmus
 - (b) 6 Sporadic types—3 with nystagmus
4. *Bilateral Ectopia Lentis*. 5 cases consisting of 3 boys and 2 girls, of which 2 are familial or inherited types.
5. *Bilateral Buphthalmos*. 3 cases all boys.
6. *High Hypermetropia*. 5 cases consisting of 4 boys and 1 girl.
7. *Bilateral Xerophthalmia*. 1 boy.
8. *Syndromes and Multiple Defects*. 15 cases consisting of 8 boys and 7 girls.
 - (a) Congenital Toxoplasmosis—4 boys.
 - (b) Atypical Retinitis Pigmentosa—1 boy and 2 sisters.
 - (c) Schilder's Dystrophy—1 girl.
 - (d) Bilateral Macular Degeneration—1 girl.
 - (e) Bilateral Congenital External Rectus Palsy with Facial Palsy and Hypermetropia—1 boy.
 - (f) High Myopia with Deafness and Defective Speech—2 girls.
 - (g) Partial Optic Atrophy plus Epilepsy—1 boy.
 - (h) Congenital Amblyopia, Hemiplegia plus Epilepsy—1 girl.
 - (i) Microphthalmos one eye and Inferior Colobomata in the other—1 boy.

The tuition of the partially sighted in this country is somewhat hampered by the limited publication of classical literature in large type printing. In this respect the partially sighted are at a disadvantage compared with the blind who are adequately catered for by extensive braille publications. This disadvantage does not obtain in the U.S.A. where a considerable number of publishing houses deal with the needs of the partially sighted. A list of these publishers has recently become available and the Education Committee has authorised our headmistresses to obtain details and order books within the limits of their budgets.

I believe that the advantages thus made possible will far outweigh the small disadvantage of difference in spelling practice. Indeed, I hope this will help to inaugurate the possibility of still higher standards of educational attainments in our partially sighted schools as the necessary technical books are made available.

Finally, I wish to thank Dr. Cohen for his very ready co-operation in arranging for all pathological investigations found to be necessary, and for his active and stimulating interest in these schools."

Mr. J. H. Austin reports :

“ The number of children attending my clinics continues to be satisfactory. I still find that in about 20 per cent. of cases it is unnecessary to prescribe glasses. Many of this group are children suffering from headache, a symptom which I believe, in children, is rarely caused by a refractive error, even if one is present ; so that some children are perhaps referred to the eye clinic unnecessarily. Parents often omit to mention, until asked, the fact that the child's headache was transient, and coincided with some febrile illness. In other cases, difficulties at home or at school point to nervous tension as a probable factor ; or simple constipation may be overlooked. An association of nausea or vomiting with the headache makes a refractive cause particularly unlikely. The child may, of course, have a cerebral tumour, but he is far more likely to be suffering from ordinary bilious attacks !

During the year, I have maintained my interest in amblyopic (lazy) eyes. In a recent series of cases, I found that nearly twice as many of these eyes had been first detected at eight years or later as were detected before this age. It is good to know, therefore, that the School Medical Officer is arranging for the routine visual survey to begin in infant classes, so far as the necessary staff is available.”

Mr. S. W. K. Norris reports :

“ Attendances at the Yardley Green Clinic where most of my work has been done have been well maintained. The Birmingham Education Committee by the provision of the clinics is undoubtedly helping to reduce the distressingly high incidence of preventable Amblyopia in this country as exemplified in the National Service recruits of whom I examine large numbers.”

Mr. B. C. Curwood reports :

“ No particular problems were encountered during the year.

A check on 300 consecutive cases shewed that glasses were prescribed in 74·4 per cent. of cases.

The usual batch of squints was followed up at Hospital, and attendances were satisfactory.

Three pathological cases were discovered ; one was of diabetic cataract in a girl of 13. Three of the four children of this family as well as both parents are also diabetic. One case was of lamellar cataracts, and the third was a large unilateral macular hole, almost a disc diameter across. The lad was quite unaware of the poor central vision in this eye.”

Mrs. N. Walkinshaw reports :

"Attendances have been well maintained at all clinics and approximately 428 children have been examined during the year.

For comparative statistics I classify the children into two groups : (1) under ten, (2) over ten. I have examined a greater number of children in the over tens in the ratio of 2 : 1.

The commonest refractive error in both groups in order :—

	<i>Under Ten</i>					<i>Over Ten</i>
	<i>Percentage</i>					<i>Percentage</i>
Hypermetropic Astigmatism	43.5					35.5
Myopic Astigmatism	10.0					15.0
Mixed Astigmatism	4.5					5.0
Strabismus (all forms)	19.0					8.0
Hypermetropia	13.0					9.0
Myopia	3.0					20.0
Anisometropia	2.0					4.5
Normal	5.0					3.0

The following cases were also noted.

Backward myope Aet, 8.

Spastic mentally retarded child with squint Aet, 14.

Congenital nystagmus with Astigmatism Aet, 14.

Dwarfism myopic astigmatism with squint Aet, 13.

There has been a marked improvement in the care of glasses during 1955."

Mr. Lothar Marx reports :

"During the year I have examined approximately 600 children during 84 Sessions. My findings were as follows : "

Simple Hypermetropia	158
Simple myopia	88
Compound Hypermetropic Astigmatism	170
Compound Myopic Astigmatism	30
Simple Hypermetropic Astigmatism... ..	30
Simple Myopic Astigmatism	5
Mixed Astigmatism	37
Amblyopia of varying degrees	15
Squints of varying degrees	25
No need for glasses	64
Congenital Ptosis	1
Myopic Degeneration	1
Congenital Cataract	1
Corneal Nebulae	3
Colour Blindness of several kinds	6
Referred to Hospital for varying reasons	4 "

SCHOOL DENTAL SERVICE

Mr. D. Glen Thomson, Principal School Dental Officer reports :—

Staff

The recruitment of full-time dental officers has again not been satisfactory. The average effective strength of dental officers during the year was $15\frac{1}{11}$ including part-time officers, but this position should be much improved as the Committee have an increased establishment under consideration. The present staff position does not permit an annual dental inspection and is unable to offer conservative treatment in respect of the temporary dentition. The General Dental Service provides a fee for three inspections a year for children and recognises the importance of conserving the temporary dentition.

The average age of dental officers is 49, with the majority of officers over 50 years of age. Operative dentistry demands a high standard of physical fitness and good eyesight. 359 sessions were lost through sickness which is almost equivalent to one full-time dental officer. This figure may become worse with advancing years taking a toll. Recruitment of young graduates to the School Dental Service who will make the service a career is not evident and survival of the service in its present form depends upon this factor.

New Appointments

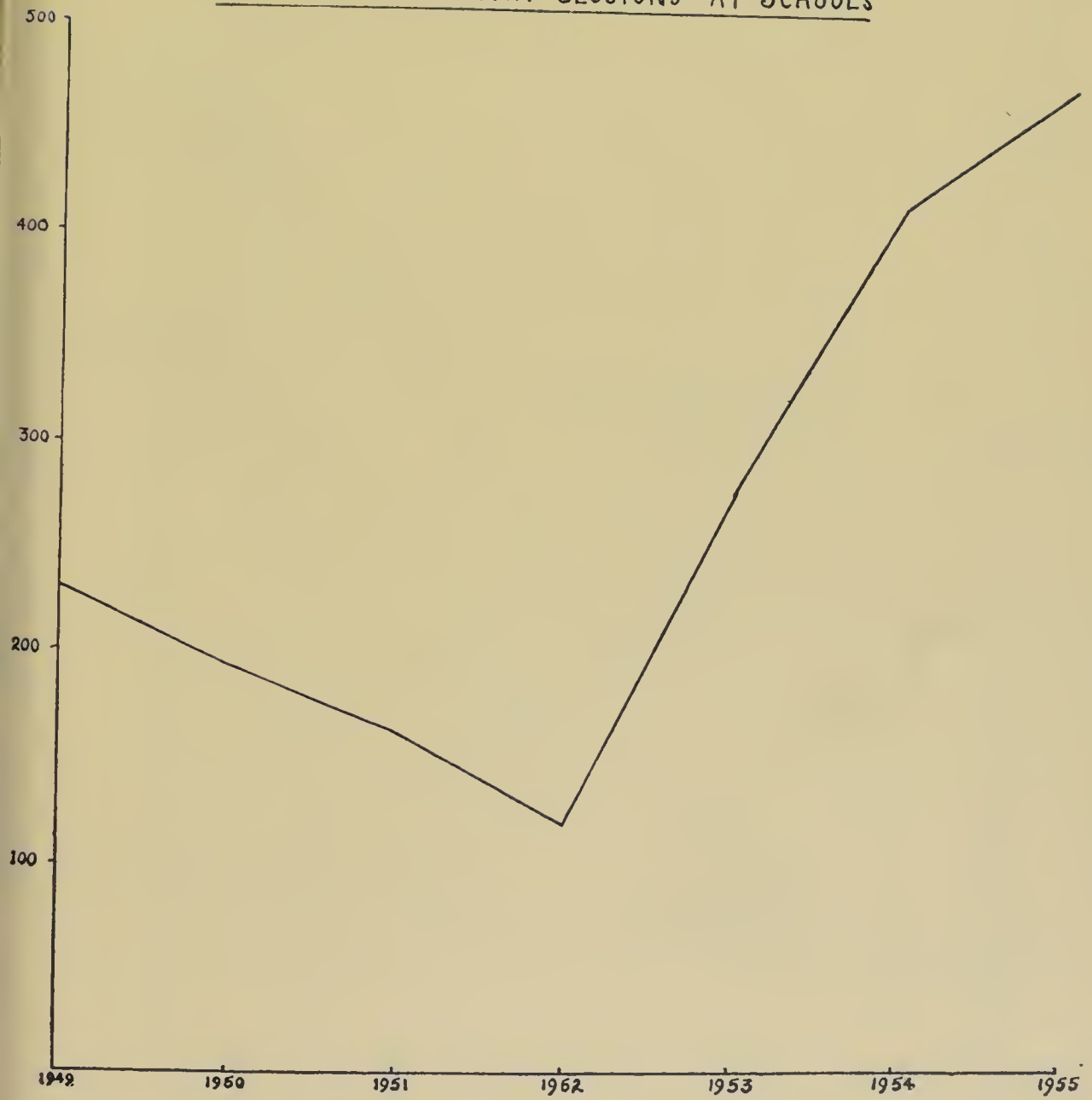
Dr. Broch, B.	.....	.....	1.9.55
Mr. Kettle, G. H.	.....	.....	26.9.55
Resigned	.....	.....	Nil.

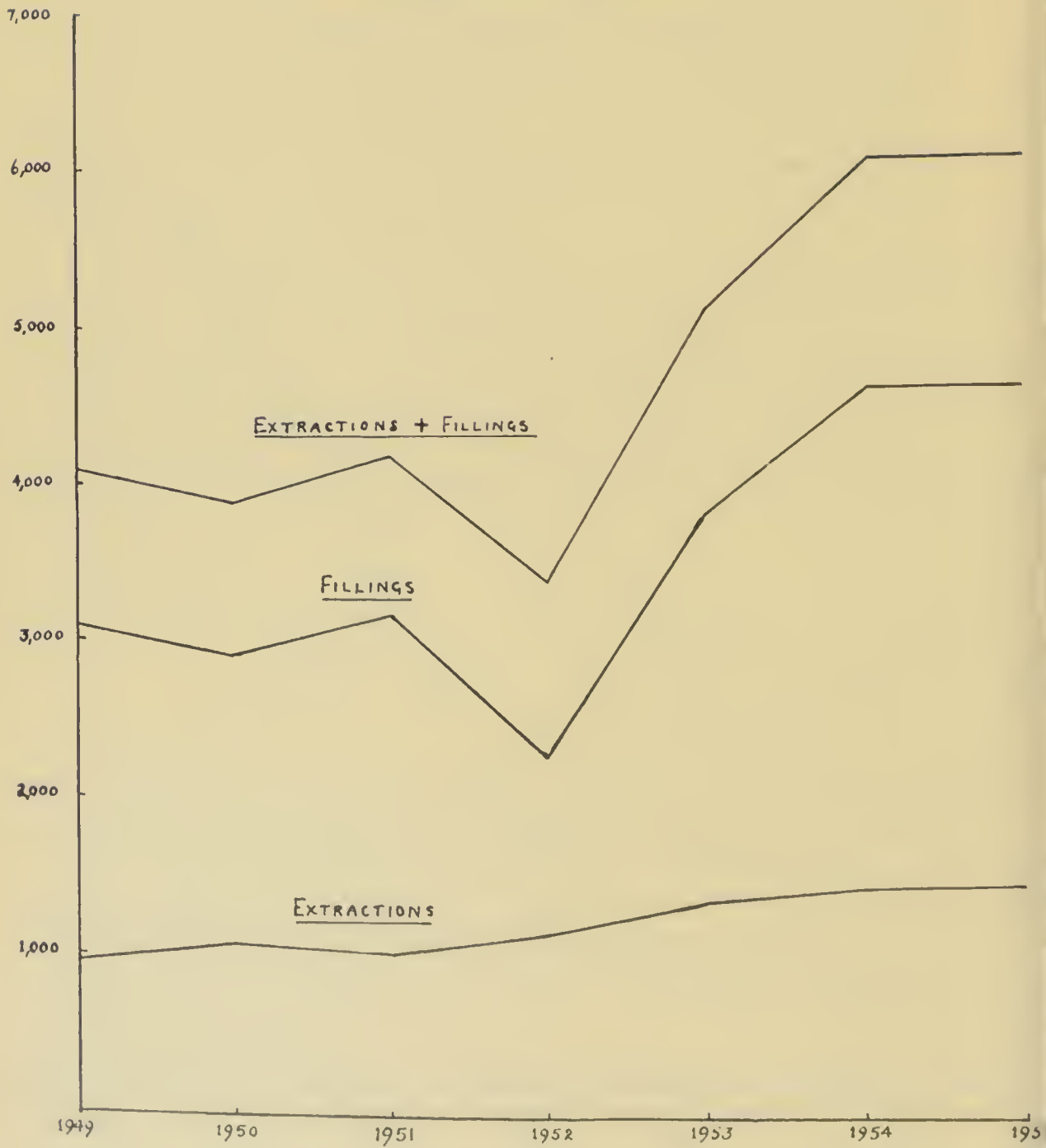
Treatment

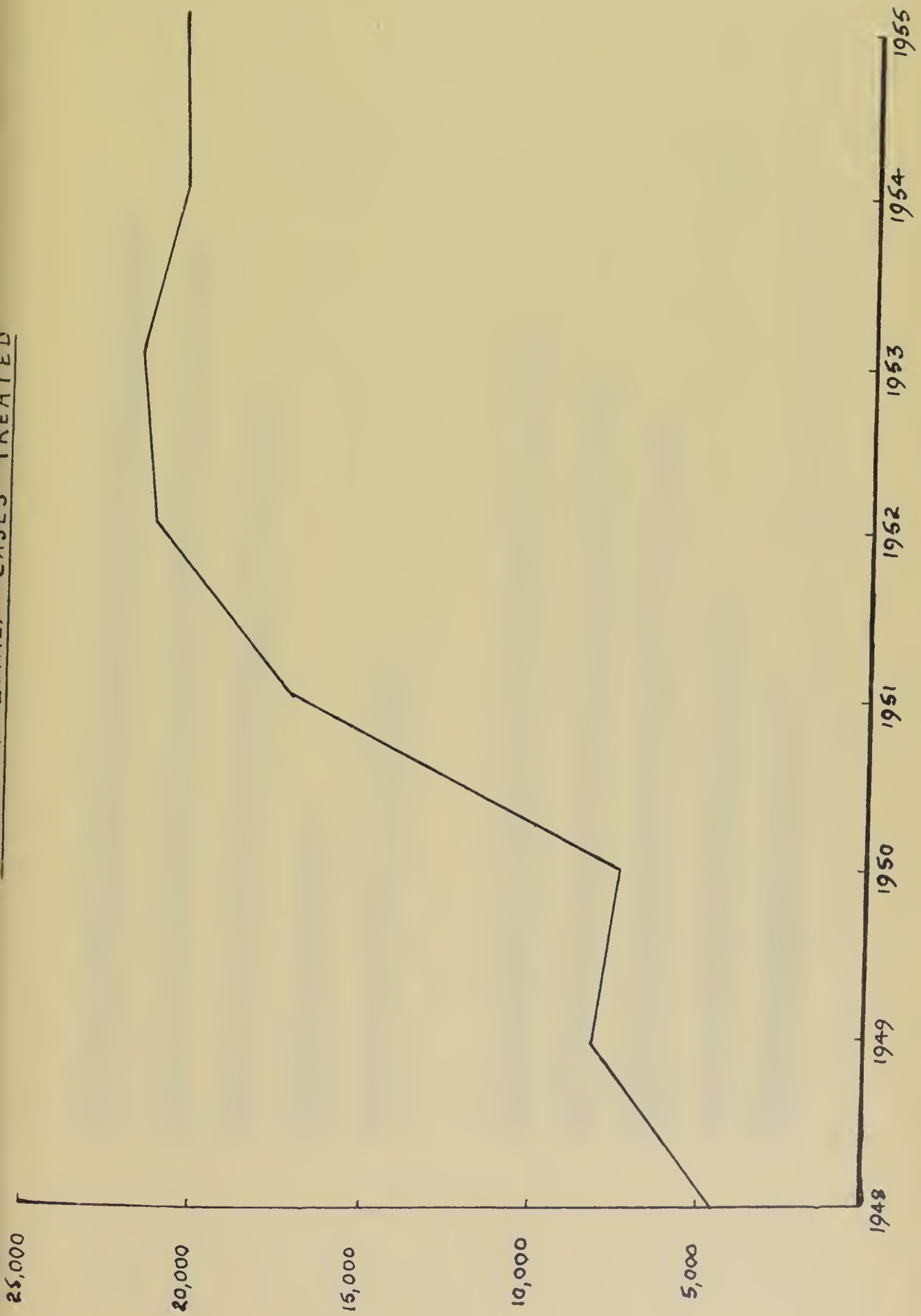
Of the 108,471 children inspected in 259 schools, 60,100 were referred for treatment, and 20,784 had their treatment completed. In addition, 20,620 casuals received treatment and attended on 10,159 further occasions to have all their necessary treatment completed. The total attendances for dental treatment at School Clinics was 63,264 but only 52 per cent. was in respect of those children receiving routine treatment. In addition 4,071 attendances were made for orthodontic treatment at the Sheep Street Clinic.

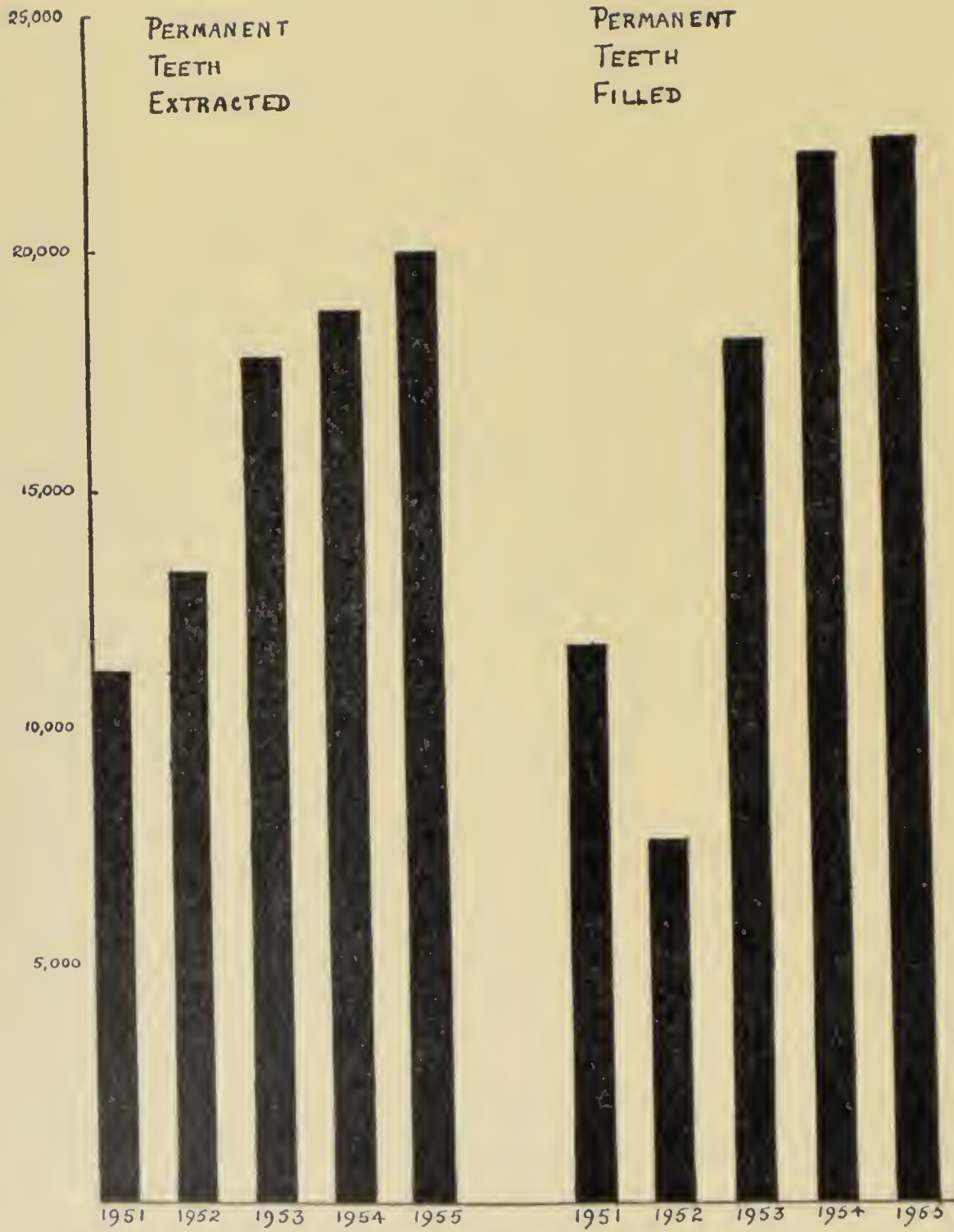
The number of children who were inspected in schools increased from 94,595 to 108,471. This is a most welcome increase, as the School Dental Service by seeking out cases is able to offer treatment to many children who would normally not receive it. Those most in urgent need of treatment are least likely to request it and often require considerable persuasion to accept it.

The number of sessions devoted to the filling of teeth was reduced by 54 sessions but the actual number of fillings inserted in permanent teeth was 25,143, an increase of 572 fillings.

NUMBER OF INSPECTION SESSIONS AT SCHOOLS

NUMBER OF TREATMENT SESSIONS

CASUAL (SPECIAL) CASES TREATED



Dental disease is one of the most common of all diseases ; it is likely to occur acutely in children and to have a lifetime effect. Prevention is most necessary and amongst the suggestions are fluoridation of water supplies, research into the causes and prevention of dental disease, dental health education and more efficient dental services.

Fluoridation of water supplies on a national scale is under consideration and many workers are engaged on research into the causes and prevention of dental disease. Dental Health Education is the concern of the School Dental Service and one of its chief duties is to educate children in the importance and maintenance of good dental health.

It is generally acknowledged that dental caries is caused by bacteria acting on minute particles of food which remain in the mouth after meals. The habit of brushing teeth after meals can not be stressed too much and when this is not possible mouth rinsing should be carried out. It is an excellent substitute for tooth brushing after meals when away from home. The number of children regularly brushing their teeth is disappointingly low and one reason may be in the example set by their parents. The sale of tooth brushes in England averages one brush to each adult every three years. To reduce this figure still more, many people have two brushes in constant use and renew them at least twice a year.

The incidence of dental caries can be greatly reduced by diet. Certain foods may be eaten without harmful effects on the teeth : meat, fish, wholemeal bread, dairy produce, vegetables and fresh fruit. Fruits and salads which require considerable chewing and thus clean the teeth should be eaten at the end of the meal. In-between snacks are harmful to the teeth, particularly sticky sweets and confectionery. Eating habits are formed early in life, as early as six years and remain throughout life. If the sugar content of a meal is discouraged a taste may be developed for foods which require more use of the jaws, i.e., salads, meat and bacon. During 1955 certain special schools in Birmingham arranged for apples and raw carrots to be available for the children at the end of each school meal. The head teachers concerned noted that carrots were not popular at first, but the children have developed a new taste and eat apples or carrots with almost equal satisfaction.

Incidence of Dental Caries

Dental caries are not caused by the absence or presence of any one condition such as lack of cleaning the teeth, eating the wrong kinds of foods or excess of sugars, but the increasing consumption of sweets has in the opinion of many dental officers contributed to an increase in dental caries.

There has been no previous assessment of the condition of teeth in the Birmingham schools and for this purpose a number of children were examined in the 5 and 12 year old groups. A uniform standard of assessment was used by each officer taking part in the investigation and a

variety of schools were chosen to represent a true cross section of the two age groups. The same schools will be examined annually and the findings compared. The D.M.F. system of caries estimation is employed, i.e., the number of D (decayed), M (missing) and F (filled) teeth found in the mouth of each child examined. Tables are given with the results found in different areas of the City and for comparison those figures in respect of the overall position for the whole country in 1953. The results show that in the 5-year old groups the average number of D.M.F. teeth per child in the Birmingham schools is less than for the country as a whole, but in the 12-year old group the average number of D.M.F. teeth per child is higher. It appears the teeth of the 5-year old child in Birmingham were a little better, but the advantage was lost during the ensuing years and at 12 years worse than the country as a whole in 1953.

1955

			No. of children examined	No. of D.M.F. teeth	No. of children showing no D.M.F. teeth	Percentage of children showing no D.M.F. teeth	Average No. of D.M.F. teeth per child
<i>Five-year old child</i>							
Great Barr	...	...	125	465	22	19.6	3.8
Northfield	...	...	178	1,171	18	10.0	6.5
Warstock	...	...	150	507	31	20.6	3.3
All areas Birmingham	...		543	2,143	71	10.5	4.9
All areas in the country	...		17,080	87,527	2,534	14.8	5.1
<i>Twelve-year old child</i>							
Great Barr	...	...	122	407	10	8.2	3.3
Northfield	...	...	281	1,580	15	5.3	5.6
Warstock	...	...	73	198	14	19.1	2.7
All areas Birmingham	...		476	2,185	39	12.2	4.5
All areas in the country	...		14,344	58,903	1,720	12.0	3.8

Casuals

The problem of emergency treatment of casual cases continues and 48 per cent. of attendances for treatment during 1955 was in respect of casual cases. Many children refuse routine dental treatment but expect

immediate attention for emergency extractions. There is a genuine dislike of fillings which may be due to fear of pain, lack of confidence in fillings, or just apathy. Fear of pain may be overcome by the manner of approach to children. A friendly, sympathetic dentist and dental attendant can do much to reassure nervous children. The waiting room and surgery should be as bright and colourful as possible. Bright curtains, carpets and wall coverings can do much to promote a cheerful atmosphere. Antipathy to fillings is a more serious matter, but it may be reduced by regular dental health instruction in schools by Teachers, Dental Officers or Nurses, and propaganda by wireless and television.

Finally, the present policy that priority of treatment for children should be determined by the condition of teeth and not because parents have co-operated by accepting full comprehensive treatment all their school life encourages casual attendances for emergency treatment to the detriment of those accepting regular treatment.

Anaesthetic Scheme

The employment of medical anaesthetists in the School Dental Service has again proved its value, and I would like to take this opportunity to express my appreciation of their excellent work. This branch of the School Dental Service is very popular with parents and the majority expect their child to have a general anaesthetic for dental extractions.

There were 1,477 gas sessions during the year, an increase of ten sessions. A total of 30,111 general anaesthetics of nitrous oxide and oxygen were administered, a decrease of 232 cases.

The average number of attendances for each gas session was 20.4. The number failing to keep their appointments varies with the weather, holidays and sickness, but averages approximately 30 per cent. This high number of failures to keep appointments reduces the effectiveness of the service and adds greatly to the administrative difficulties.

Dental Hospital

The Dental Hospital has again given every help to the School Dental Service and the closest relations exist between the two services. Dr. Hardwick has been particularly helpful. Seventy-seven cases were referred for x-ray and 30 for crowning of front incisors fractured as a result of accidents. Dr. Fox, of the Paradental Department saw all children with gum conditions.

Children's Hospital

The Dental Department at the Children's Hospital has continued to give treatment to those children who require special investigation or

if it is necessary to be an in-patient. Mr. Hoggins, Consultant Dental Surgeon, has given much of his time to treatment of these children. Forty-five cases were referred to the hospital, which included haemophilia, dentigerous cyst, fraenectomy and cerebral palsy.

Orthodontics

The service provided by the Education Authority is of a high standard and it is most fortunate that Mr. Walpole-Day continues to give his active support. There is still a large waiting list, but it is hoped that when a full-time Orthodontist is appointed this condition will be remedied. The amount of malocclusion found in school children was investigated by School Dental Officers in the West Midlands area during 1955 and it was found that 44 per cent of children between the ages of 7 and 15 suffered from some form of malocclusion. It is estimated that about 15 per cent. require treatment necessitating an appliance. Malocclusion may be defined as a condition where there is a departure from the normal relation of the teeth to other teeth on the same dental arch or to teeth in the opposing arch. The number requiring treatment would be reduced by selection, as unsuitable cases would be rejected. Those refusing fillings and with non-co-operative parents would be unlikely to obtain full benefit from orthodontic treatment. Dental Officers and Nurses, when occupied on routine school inspections can, by observing early deviations from normal and by taking the necessary steps to remedy the condition, prevent the more advanced conditions. Habits such as thumb, finger or lip sucking, when first noticed, could be cured and cases with nasal obstruction referred to the ear, nose and throat specialist.

The provision of a Dental Laboratory has been approved and *it* should add to the efficiency of this branch of the service.

An account of the activities of the Orthodontic Department is given by Mr. Walpole-Day and Mr. Norris :

'The Orthodontic clinic continues to be very busy but it has not been possible to expand in any way during the last year. The staff position remains the same and the clinic is open for five sessions a week only. In view of the demand for this treatment it is desirable to aim at a full-time service as soon as the staff can be found. This, however, is not likely to be achieved easily as there is still a grave shortage of Orthodontists in the country.

In the meantime, the number of cases on the waiting list continues to grow, in spite of a careful selection of the most urgent cases. It is planned to build a dental laboratory soon to make the appliances necessary for this treatment and when this is in operation it will effect a considerable saving in the running costs of the clinic.'

	1955	1954
No. sessions worked	234	203
No. attendances	4,071	3,267
No. treatments commenced	212	280
No. appliances fitted	390	372
No. cases finished	201	168
No. cases on waiting list	406	310
No. models cast	854	944
No. treated by extractions only	81	14
No. found unsuitable	128	40
No. referred by E.N.T. Specialist	6	6
No. x-rays taken	779	937

Average one session 16·9.

Other Operations

A detailed analysis of attendances at the Clinics for other treatment is given as considerable time is devoted to these operations.

Permanent Teeth

	1955	1954	1953
Advice	4,049	2,990	2,893
Dressing of Zinc Oxide	3,833	2,821	2,080
Root Fillings	39	70	62
Gum Treatment	118	148	161
Stoning and Trimming	454	225	298
Scaling	1,199	814	940
Impressions, Bites and Trys	557	649	632
TOTAL	10,249	7,717	7,066

Temporary Teeth

	1955	1954	1953
Advice	867	1,247	1,667
Silver Nitrate	166	68	203
Dressings	386	637	734
TOTAL	1,419	1,952	2,604

	1955	1954	1953
Total number of dentures provided for school children ...	245	204	159

Handicapped Children

These children receive special consideration and every effort is made to give full comprehensive dental treatment in every case.

1,066 children received dental inspection on school premises and treatment was offered when found necessary. Children suffering from severe physical handicaps and those who for medical reasons make attendance at a Clinic undesirable are referred to the Children's Hospital where they are admitted as in-patients. Mr. Hoggins, Consultant Dental Surgeon, has given much of his time to treating these children and his help has been greatly appreciated.

Physically handicapped children at Baskerville Residential School, children residing at the Open-Air Schools at Cropwood, Haseley Hall and Hunter's Hill and the educationally sub-normal at Astley Hall and Springfield House all receive dental inspection and treatment twice a year.

Clinics

No new clinics have been opened during the year but equipment at some clinics which was well worn or of an obsolete pattern has been replaced. New Pump Chairs have been provided for Warstock and Slade Road, new Dental Cabinets at Handsworth and Sparkhill clinics, shadowless lighting has been installed at several clinics and bright contemporary curtains at Aston and Handsworth clinics. The appearance of these clinics has been much improved and must have a beneficial effect upon the mental condition of young children attending clinics for the first visit.

I would like to thank the Dental Officers and Dental Attendants for their loyal co-operation and for an excellent year's work. I am also glad to have the opportunity of expressing my thanks for the help given by the Head Teachers and Teaching Staff and for their contribution to the successful working of the Dental Service.

I am indebted to Miss Ashby, Superintendent School Nurse, for her assistance on occasions when she has permitted Nursing Assistants to help at Gas Sessions. The clerical staff have been, as always, most helpful."

ASTHMA CLINIC

Dr. J. Morrison Smith, Chest Physician, reports :—

" During the year 102 new patients were seen and there were 1,382 visits by other patients. The total number of visits by patients was therefore 1,484, and it is not possible to increase beyond this number under the present circumstances with only one clinic session per week. The waiting list of new patients to be seen remains at about 100 which represents a year's work under present conditions. A total of 446 visits were made to patients' homes by the School Health Visitor (Miss C. Butt), which represents a considerable increase on the previous year. These visits are of necessity made to houses in widely separated areas of the City and thus involve considerable travelling. There is no doubt that a heavy demand exists for special treatment of school children with asthma and that it is only at present being partially met. No information is however available as to the total incidence of asthma in children in Birmingham or indeed in the country as a whole.

It may be of interest to note some recorded facts relating to 200 children seen. The age distribution was fairly even between 5 years and 12 years, numbers decreasing thereafter. Of the 200 children 70 per cent. were boys and 30 per cent. girls. The age of onset of the asthma was earlier than 5 years in 69 per cent. and earlier than 6 years in 87 per cent. The severity of the asthma varied considerably, 38 per cent. being mild and seldom losing time from school, 45 per cent. moderately severe, losing a lot of time from school, and 17 per cent. severe, seldom able to go to school and requiring frequent medical attention during acute attacks. A quarter of the cases were said to be improving already when seen but about one-sixth were getting worse. Obvious deformity of the chest had already occurred in 15 per cent. Eczema is the commonest condition accompanying asthma and had been present or was present in one-third. The age of onset did not apparently differ according to whether eczema had been present or not although it is usual for eczema to begin before the asthma. A family history of major allergic conditions was clearly established in 50 per cent. of cases.

Etiology

As stated last year the commonest basic cause was considered to be allergy to the inhalation of house dust and dust arising from feathers, horse hair, cotton flock, kapok, etc. Many children are more distressed at night and during weekends than when actually at school. In $17\frac{1}{2}$ per cent. there was a clear history and confirmatory skin reactions showing sensitivity to grass pollen, but it is less easy to get a clear cut history of sensitivity to house dust to which all are exposed every day throughout the year as opposed to the limited season of grass pollen in the two summer months from about the middle of June. There was, however, a definite history of asthma attacks related to house dust in 38 per cent. Food sensitivity is less common than inhalant sensitivity and of the 20 per cent. who gave a history of food sensitivity half had already recovered from this when seen. The food sensitivity was related to skin conditions in 13 per cent. gastrointestinal upset in 2 per cent. and asthma in only 5 per cent.

Both emotional upset and upper respiratory infection tend to precipitate attacks of asthma. In 35 per cent. there was a history of emotional disturbance giving rise to attacks of asthma although in only 9 cases in 200 was this considered the only definite cause. In 50 per cent. upper respiratory infection gave rise to attacks, serious and frequent in about half of them. Colds which go to the chest in asthmatic children require prompt treatment and much benefit may be obtained by removal of such a child from a crowded home to an open-air school. In the children seen who had had tonsillectomy performed about half had benefited, many considerably, and the rest had not appeared to benefit at all.

The treatment given in 200 cases is summarised below :—

Only advice about household inhalants	...	...	...	...	...	46
Breathing exercises + advice	...	...	...	...	...	64

Thus treatment was of a very simple nature in about half the cases.

Injection of a dust solution	...	...	...	...	...	40
Dust and pollen injections	...	...	...	...	...	15
Pollen alone	...	...	...	...	...	10
Mould solution	...	...	...	...	...	2
Food avoidance advised	...	...	...	...	...	10
Open-air School	...	...	...	...	...	6
Psychotherapy	...	...	...	...	...	3
Tonsillectomy	...	...	...	...	...	3
No treatment required	...	...	...	...	...	6
Did not attend for treatment	...	...	...	...	...	2

Where injections are given they entail weekly visits over a considerable period and each patient is seen each week before the injection and each dose is individually prescribed. This procedure is tedious but the greatest care is considered essential in treating these children. In some cases the family doctor undertakes the injections when a maintenance dosage has been reached.

Difficulties in Treatment

Apart from the accepted difficulties in the treatment of asthma under the best conditions mention may be made of certain other problems which arise. The response to advice regarding the home conditions of the children and reduction of their exposure to house dust, animals, colds, and in some cases certain foods, varied and good results were obtained with the help of visits by Miss Butt in 50 per cent. A poor response was obtained in 25 per cent. and in a further 25 per cent. home conditions were such that it would have been impossible to obtain any significant change. Injection treatment alone may be insufficient to obtain results unless the patient's exposure to substances to which he is sensitive can also be reduced. Particularly among the 25 per cent. where home circumstances for economic or other reasons cannot be improved for the asthmatic child is it desirable to have some form of institutional care available where both the education and the treatment of the asthma may proceed with the ultimate object of producing a fit and educated citizen from an otherwise seriously handicapped child. The asthmatic child requires special consideration in this respect.

Results

It is possible to make a further assessment of results although it is hoped to introduce shortly a simple daily record which will give improved and more accurate records than are available by recording weekly or at longer intervals notes on progress.

Of 15 cases followed up after more than 2 years' treatment, 10 were free of asthma and 5 had improved.

Of 29 cases followed up after 18 months' treatment, 15 were free of asthma, 10 had improved and 4 showed no change.

Of 69 cases followed up after 1 year's treatment, 30 were free of asthma, 27 improved, and 12 had shown no change.

Of 99 cases after 6 months' treatment, 41 were free of asthma, 33 improved and 25 showed no change.

These results show that in a considerable number improvement in a short time can be obtained but in some only prolonged treatment results in improvement.

I would again like to express my deep gratitude to Dr. Cohen for his constant encouragement and frequent help and also to the School Health Visitor, Miss C. Butt, who also acts as Clinic Nurse."

ORTHOPÆDIC DEFECTS

During the year, 3,146 children were given treatment at the orthopædic clinics and made 35,379 attendances.

Mr. F. G. Allan reports :—

" There is a great deal of discussion going on at the present time about the integration of the several branches of medicine into one comprehensive health service. It is desirable that preventive medicine should be given a prominent place in a general health scheme and that there should be adequate means to carry it out. At the present time, there are deficiencies and shortcomings, and although the orthopædic work of the School Health Service is inherently satisfactory, a review brings to light some of these extraneous failings.

Cases for opinion and treatment are first selected by the school medical officers but the diagnosis being confirmed the cases, instead of being referred back are often taken right out of their hands, frequently for want of quite simple requirements, and this must at times be very frustrating. Take for instance the example of certain postural deformities the treatment of which is simply the prevention of these deformities becoming permanent. This can usually be achieved by an explanation of the fault to the child or his parents followed by suitable training to develop the normal posture. As a rule this is done by means of systematic exercises taught by the physiotherapist under the supervision of the medical officer, and here in Birmingham we are very fortunate in having a very efficient physiotherapy team. So far so good, but it sometimes happens that the patient does not respond either because of unusual muscle weakness or because of inability or unwillingness to co-operate completely. Then the help of supporting appliances is necessary and a

difficulty at once arises. Owing to the division of the Health Service only one branch, the hospital service, is given authority to recommend the supply of such appliances under the National Health Service. The patient accordingly has to be referred to hospital where he is interviewed and re-examined by yet another specialist who could if so minded disagree with the line of treatment already adopted and refuse to make the required recommendation. Apart from the waste of time and man-power, and the administrative cost doubt may be sown in the minds of the child or his parents and the proposed treatment evaded. It is hoped that integration when it comes will solve such difficulties.

The following is a record of work carried out in the department during the year :

Reason for attendance	Number of children treated	Number of attendances
Remedial exercises	2,749	31,457
Massage	87	830
Radiant heat	126	989
Electrical treatment	61	1,340
Other purposes	123	763
TOTAL	3,146	35,379

Defect	Number treated	RESULT OF TREATMENT				
		Remedied	Much Improved	Slightly Improved	Unchanged	Discontinued treatment
Spinal curvature	420	154	147	75	20	24
General muscular debility	385	170	105	46	24	40
Various forms of paralysis	30	1	7	14	7	1
Deformities of the feet and legs	1,269	373	415	238	92	151
Chest conditions, asthma, etc.	691	210	254	126	39	62
Injuries to limbs	73	64	5		1	3
Wry neck and other defects	172	91	31	21	17	12
TOTAL	3,040	1,063	964	520	200	293

Total number of individual children treated during the year 2,956.

A summary and analysis of the cases seen by the Orthopædic Surgeon is given below :—

1. Postural Defects :							
Kyphosis	...	...	...	...	...	...	28
Scoliosis	...	...	...	...	...	...	25
Other	...	...	...	...	...	...	5
Lateral curvature	...	...	...	...	...	...	1
Spinal curvature	...	...	...	...	...	...	1
2. Defects in extremities :							
(a) Foot and Ankle :							
Pes cavus	...	...	...	...	...	...	13
Pes planus	...	...	...	...	...	...	18
Hallux valgus	...	...	...	...	...	...	24
Hallux rigidus	...	...	...	...	...	...	4
Hammer toe and toe deformities	...	...	...	...	...	...	12
Valgoid ankles	...	...	...	...	...	...	11
Knock knee	...	...	...	...	...	...	13
Talipes equino-varus	...	...	...	...	...	...	1
Tendo achilles	...	...	...	...	...	...	1
Genu varum	...	...	...	...	...	...	2
Painful foot	...	...	...	...	...	...	2
Enlargement of head of first metatarsal	...	...	...	...	...	...	1
(b) Arm and shoulder girdle :							
Torticollis	...	...	...	...	...	...	10
3. Birth injuries :							
Spastic paraplegia	...	...	...	...	...	...	3
Left shoulder and elbow dislocated	...	...	...	...	...	...	1
4. Congenital defects :							
Spina bifida	...	...	...	...	...	...	1
Spastic hemiplegia	...	...	...	...	...	...	1
5. Disease :							
Osteochondritis	...	...	...	...	...	...	7
Poliomyelitis	...	...	...	...	...	...	4
Pseudo-muscular hypertrophy	...	...	...	...	...	...	1
6. Other conditions :							
Exostosis of heel	...	...	...	...	...	...	1
Spinal pain	...	...	...	...	...	...	1
Pain in knee	...	...	...	...	...	...	1
Peculiar gait	...	...	...	...	...	...	1
Shortening of one leg	...	...	...	...	...	...	4

Close co-operation is maintained with the Royal Orthopædic Hospital and the Orthopædic Department of the Children's Hospital. Full reports are sent by the orthopædic surgeons to the physiotherapists and the children are referred to the surgeons as required.

My very grateful thanks are again due to the school medical officers and to the physiotherapists without whose aid and co-operation none of the work could have been done."

ULTRA-VIOLET RAY TREATMENT

The following analysis is indicative of the help which can be given in well selected cases.

	<i>No. treated</i>	<i>Cured or much improved</i>	<i>Improved</i>	<i>No better</i>	<i>Ceased to attend before completion of cure</i>
Debility	1,006	265	465	30	246
Rheumatism	51	8	29	5	9
Chorea	116	20	85	—	11
Bronchitis and asthma	419	73	218	29	99
Nasal catarrh, etc.	469	122	231	22	94
Enlarged glands	131	61	24	2	44
Otorrhoea and deafness	77	14	40	7	16
Blepharitis and conjunctivitis	31	6	19	2	4
Anaemia	52	13	27	3	9
Chilblains	14	5	2	—	7
Alopecia	13	1	9	1	2
Impetigo	26	21	2	—	3
Other skin troubles	106	36	45	7	18
Other conditions	124	7	65	11	41
TOTAL	2,635	652	1,261	119	603

SPEECH THERAPY

The Speech Therapists submit the following report :—

“ In January Miss J. A. Brick was appointed to Stechford clinic, thus filling the only vacant post.

Both therapists at Birchfield Road relinquished their posts, Mrs. S. M. White in July and Miss M. G. Chalmers in August.

Miss P. McDonough relinquished her post in September, and is now working for London County Council.

Miss B. Levy resigned in October, and is now working at the Fountain Hospital, London.

Mrs. J. Beckett, Miss R. Loades and Miss H. Shilton were appointed in September to Handsworth, Birchfield Road and Kingstanding clinics respectively.

A vacancy remains at Birchfield Road, thus reducing the number of working sessions at this clinic to eight.

Parental Interviews

During the latter part of this year, an attempt has been made to broaden the scope of treatment, greater stress having been laid on parent and school interviews than previously. It is felt that this policy, although time-consuming, will eventually yield better results, since it offers a more complete understanding and treatment of the child as a whole. The handling of the speech-defective child by parents and teachers can do much to help or hinder his progress. For example, one still sometimes hears the stammerer erroneously advised to take a deep breath before speaking, and the effects of such well-meaning but mistaken advice are very difficult to eradicate. Mothers are often grateful for the opportunity to discuss their problem with someone who is able to view their own particular case objectively. When they are contacted early enough, much unnecessary anxiety can be allayed.

Alternatively, by seeing the patient in his own home, many facets of his character may be in evidence which are not revealed in the clinical atmosphere. A better idea is gained of the child's everyday life with its possible difficulties and anxieties, and most mothers welcome a visit from the therapist, particularly where family ties prevent them from coming to the clinic for discussion of the child's problem.

These extra-clinical contacts with the child, at home, at school, with his parents, help him to feel that speech re-habilitation is not confined to the clinic, but has some association with his everyday life.

Cerebral Palsy

It will be noticed from the statistics that in 1954 there were no Cerebral Palsy cases being treated in speech clinics, in contrast to the 9 under treatment in 1955. Most of these cases have been transferred from Carlson House School for Spastics as a result of their being unsuitable for admission to this School for various reasons. These children are treated in the clinic until such time as a place can be found for them in a Special School. The resulting treatment has been gratifying, and it is hoped that there will be continued opportunity to treat these cases.

The result in this type of case is obviously slow, but with the co-operation of the physiotherapist and/or occupational therapist a certain degree of success is achieved. Even those of low intelligence are able, with some guidance, to make their wants known.

STATISTICS

	1955	1954
Number of cases under treatment	756	806
Number of cases referred for treatment	571	609
Number of cases transferred between clinics while on the waiting list	26	52
Number of cases given appointments	607	673
Number of cases admitted for treatment	384	441
Number of cases failing to attend interviews	76	79
Number of cases where speech therapy was contra- indicated	75	54
Number of cases discharged	340	339
Number of children on the waiting list	343	307
Number of interviews with parents and guardians ...	1,202	1,262
Number of schools visited	52	49
Number of homes visited	24	15
Number of visitors	60	77

CLASSIFICATION OF DEFECTS

	1955	1954
Dyslalia	387	491
Stammer	255	264
Stammer and dyslalia	27	8
Language retardation	15	3
Aphasia	0	2
Dysphasia	2	0
Post-operative cleft palate	14	20
Sigmatism	33	3
Hyper-rhinolalia	9	9
Alalia	3	6
Cerebral palsy	9	0
Chronic mouth breathing and dyslalia	2	0

SPEECH THERAPY IN SPECIAL SCHOOLS

The first year of speech therapy in the Special Schools has shown that speech progress cannot compare with that of the normal school child. Nevertheless, it is felt that regular treatment is fully justified by the increased confidence gained, which is such an essential part of speech rehabilitation.

As anticipated, the closer contact which has been possible between staff and therapist has proved valuable. In some instances where teachers have devoted a few minutes each day to helping the child along the lines indicated by the therapists there has been considerable improvement, and this compares very favourably with the help that some children receive at home.

In some cases, the therapists consider that the children's response is often handicapped by unavoidable interruptions and other unfavourable conditions, but they appreciate efforts made to accommodate them satisfactorily in schools where it has been possible.

STATISTICS

	1955	1954
Number of cases under treatment	265	159
Number of cases referred for treatment	142	185
Number of cases admitted for treatment	116	141
Number of cases where speech therapy was contra-indicated	21	18
Number of cases discharged	90	6
Number of cases on waiting list at 31.12.55	23	28
Number of interviews with parents or guardians	42	42 "

TUBERCULOSIS

Dr. V. H. Springett, Chief Clinical Tuberculosis Officer, reports :—

“ Notifications

Notifications of new cases of tuberculosis in school age or under numbered 229 in 1955, 7 more than in 1954 (Table 1). Most age groups showed a small decline in notifications, the main increase of 20 being in notifications in girls aged 5—9 years. The numbers of notifications in the 5 year age-groups are now so few that some fluctuation in either direction is liable to occur.

Since March 1954, skin testing and subsequent B.C.G. vaccination if required has been offered to all children between their 13th and 14th birthdays at schools in Birmingham; those not vaccinated have been offered chest x-ray examination at the Mass Radiography Unit. The children who have been included in this scheme were aged 14 and 15 years in 1955, and the notifications of patients in this age group have been checked against the B.C.G. records. 1 child given B.C.G. under the scheme was notified as suffering from tuberculosis during the year: the boy is an asthmatic, and had a small abnormal shadow in his lung which has required no treatment, and the diagnosis of tuberculosis is not yet established with absolute certainty.

34 other children of this age-group were notified as suffering from respiratory tuberculosis ; 16, or nearly half, were discovered by routine radiography, mostly under the scheme for x -raying school-leavers who are not given B.C.G. vaccination.

Deaths

Deaths from tuberculosis in children under the age of 15 years again numbered 7, as in the previous year. 4 deaths occurred in children under 5, and 3 in children of school age. (Table 2).

All 4 deaths in pre-school children, and 2 of those in school children were due to meningitis, sometimes associated with miliary disease of the lungs ; the remaining death of a school child was a girl aged 14 years who died from advanced pulmonary tuberculosis of adult type.

A few years ago deaths from tuberculosis in this age group numbered 50—60 each year ; between 1949 and 1952 this number fell steeply to 15, but in each of the three subsequent years 7 or 8 deaths from tuberculosis have occurred.

Of the deaths during 1955, two infections were traced to previously known cases (one family had ignored all advice given them : the other was in occasional contact with a relative in a different household). In a third family a possible source case was found in the course of subsequent investigation, but in the remaining 3 no source was found at any stage.

Contact Examinations

				<i>Found Tuberculous</i>	
				<i>No.</i>	<i>%</i>
0— 5 years	...	...	466	16	3·4%
6—15 years	...	...	488	9	1·8%
0—15 years	...	...	954	25	2·6%

954 children were examined at the Clinic as contacts of known cases of tuberculosis : in addition a number of child contacts over the age of 12 years were examined at special sessions by the Mass Miniature Radiography Unit. Of the children examined at the Clinic 25, or 2·6 per cent., were found to be tuberculous, and there was little difference in the proportion abnormal in relation to the sputum state of the index case—3·0 per cent. in those exposed to a sputum positive case, 2·5 per cent. in those exposed to a sputum negative case.

Sanatorium Treatment

87 children were admitted to Yardley Green Hospital during 1955 ; 64 were admitted for treatment of pulmonary tuberculosis, 7 for treatment of non-pulmonary tuberculosis, and 16 for observation or treatment of conditions ultimately found to be non-tuberculous.

51 Birmingham children were admitted to Kyre Park Hospital, Tenbury Wells, for treatment of primary tuberculosis. Both at Kyre Park and Yardley Green Hospitals there are full facilities for continuing the children's education, and examination successes were achieved during the year.

TABLE I
BOYS AND GIRLS

Tuberculosis—All forms :

<i>Age Groups</i>	<i>Cases</i>			<i>Deaths</i>		<i>Cases</i>	<i>Deaths</i>
	0—4	5—9	10—14	0—4	5—14	0—14	
1936 ...	68	42	49	33	22	159	55
1937 ...	65	36	31	42	25	132	67
1938 ...	79	45	30	32	18	154	50
1939 ...	51	44	35	36	19	130	55
1940 ...	64	36	24	21	19	124	40
1941 ...	73	33	26	52	28	132	80
1942 ...	77	56	40	38	28	173	66
1943 ...	74	39	36	36	12	149	48
1944 ...	82	44	37	45	20	163	65
1945 ...	85	49	41	35	23	175	58
1946 ...	77	67	52	29	19	196	48
1947 ...	124	66	54	47	19	244	66
1948 ...	98	75	49	36	21	222	57
1949 ...	88	55	49	23	12	192	35
1950 ...	90	65	55	13	10	210	23
1951 ...	96	82	41	22	8	219	30
1952 ...	94	84	71	11	4	249	15
1953 ...	99	115	69	5	3	283	8
1954 ...	82	66	74	4	3	222	7
1955 ...	74	86	69	4	3	229	7

TABLE II

<i>Age Groups</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>All Forms</i>	
	<i>Cases</i>	<i>Deaths</i>	<i>Cases</i>	<i>Deaths</i>	<i>Cases</i>	<i>Deaths</i>
0—4 ...	67	3	7	1	74	4
5—9 ...	68	1	18	2	86	3
10—14 ...	59		10		69	
TOTALS ...	194	4	35	3	229	7 "

INVESTIGATION INTO THE USE OF B.C.G. AND VOLE VACCINES

in the prevention of tuberculosis in adolescents

Dr. D. N. Mitchell, the Physician-in-Charge reports on the local progress of the investigation which was sponsored by the Medical Research Council.

"The follow-up of the volunteers concerned continues by means of Health Visit, interim postal questionnaires and annual x-ray.

Health Visit

The visit is made some 3/4 months before the annual *x*-ray is due. It is the most important factor in ensuring a good response rate and continues to prove a most reliable source of information, particularly in respect of tuberculosis morbidity. By virtue of the tenacity with which this work is carried out a 99 per cent. return is maintained.

Postal Follow-up

This is sent out as a questionnaire to each volunteer midway between the annual visits to our follow-up centre, and although less accurate than the Health Visit, it often yields valuable information. An average of 70 per cent. of the forms sent out are returned.

Annual *x*-ray

The unit re-visits each area twice a year, staying in the district at least a week on each occasion, to allow for alternative appointments for contacting defaulters. The re-examination consists of a two stage Mantoux test, and chest *x*-ray, and is being carried out between 4.30—8.0 p.m. at a centre conveniently situated. Many employers have encouraged the young people to attend by allowing them off one hour earlier on the day of the *x*-ray without loss of pay.

The Services

Arrangements have been made whereby the Unit, follow-up volunteers during their period of National Service."

Dr. D. N. Mitchell also includes a note on the First (Progress) Report published in the British Medical Journal 25th February 1956, which gives an interim survey of the whole investigation :

" Among the entrants with a positive reaction to 3 T.U. the annual incidence of tuberculosis was 1.75 per 1,000 compared with 0.74 per 1,000 among those positive only to 100 T.U. The annual incidence was particularly high among those with strong reactions to 3 T.U. on entry (15 mm. induration or more)—namely, 2.93 per 1,000 compared with 0.78 per 1,000 among those with 5—14 mm. induration. Thus, in this age group those highly sensitive to tuberculin appear to have a special risk of developing tuberculosis.

The annual incidence of 0.74 per 1,000 among those positive only to 100 T.U. compare with 1.94 per 1,000 in the concurrent negative unvaccinated group. These results are not those which would be expected if positive reactions to 100 T.U. only were non-specific for tuberculous infection. Interpretation of weak reactions to tuberculin requires further investigation.

If no participant in the present trial had been vaccinated, a total of 246 cases of tuberculosis would have been expected with 2½ year of entry ; if all the tuberculin-negative entrants had received B.C.G. vaccine a total of 111 would have been expected. This represents an expected reduction of 55 per cent. in the total incidence of tuberculosis for the 2½ years.

However, 134 cases of previously unsuspected definite tuberculosis which were present on entry were excluded from the trial as a result of the initial radiographic examination. In the absence of this radiograph, many of these cases would apparently have arisen after entry, and the apparent reduction in the total incidence of tuberculosis would have been only of the order of 35 per cent.

The trial is still in progress."

B.C.G. VACCINATION OF SCHOOL CHILDREN

It will be recalled that the Committee agreed to the Public Health Committee's proposal to make arrangements for the B.C.G. Vaccination against tuberculosis for children between their thirteenth and fourteenth birthdays, in accordance with the scheme outlined in the Ministry of Health Circular of November 1953. A designated Medical Officer from the Health Department visits all Secondary Schools in the same way that visits are now paid to the schools for the purpose of diphtheria immunization. The consent of the parents of children in the age group mentioned is sought and those children whose parents had given this consent are, first of all, given a pre-vaccination test—the Mantoux test. The negative reactors then receive B.C.G. vaccination.

The following Statistics Relate to B.C.G. Vaccination of School Children during the Year

Number of schools	...	...	...	...	...	...	155
Number of visits to schools	...	...	...	...	...	...	452
Number of Clinics held at Public Health Department for children who were absent at times of visits to schools	...	...	...	...	...	...	10
Number of parents approached with offer of Mantoux Test and if necessary B.C.G. vaccination	...	...	...	...	...	...	14,838
Number of parents accepted	...	...	...	...	...	...	11,349
Number of parents refused	...	...	...	...	...	...	3,489

RESULTS OF MANTOUX TESTING PRIOR TO VACCINATION

<i>Number Positive</i>	<i>Number Negative</i>	<i>Number Vaccinated</i>
1,652	9,256	9,220

MANTOUX TESTING OF A SAMPLE OF CHILDREN AFTER VACCINATION

	<i>Number tested</i>	<i>Number converted</i>	<i>Number not converted or reverted</i>
After 8 weeks	135	127	4
After 1 year	594	486	72
	729	613	76

During the year 135 children who showed a strong positive Mantoux without B.C.G. vaccination were x-rayed and 13 were called to the Chest Clinic for further examination. Two were found to be suffering from tuberculosis.

MASS RADIOGRAPHY SURVEYS

The changes in the selection of children for radiographic examination envisaged in last year's Report were carried out during 1955.

Accordingly Dr. L. A. McDowell, the Medical Director of the Mass Radiography Centre gives the following report and particulars :—

“ During 1955, Mass X-ray examinations of children attending primary and secondary schools were restricted to those children who were taking part in the B.C.G. scheme and whose Mantoux reaction was positive. Children whose parents had refused to allow them to be included in the B.C.G. scheme were also *x*-rayed. As a result, there was some decrease in the total number of school children examined.

14 children who were discovered to have a suspected tuberculous lesion were assessed by the chest clinic physician to have active disease (' active ' in this context means either close clinic supervision with a modified school regime, or else a tuberculous condition requiring treatment). There is, therefore, an increase of seven children with active tuberculosis compared with 1954. In addition, one active case was found among the 124 children examined in a special contact survey.

<i>Group</i>	<i>Examined by Miniature Film</i>			<i>Large Films taken</i>		
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
(a) Primary and Secondary Modern Schools ...	2,584	2,861	5,445	42	62	104
(b) Grammar Schools ...	1,541	1,258	2,799	40	33	73
(c) Colleges of Further Educa- tion (full-time) ...	346	279	625	2	1	3
(d) Special Schools	119	68	187	2	4	6
(e) <i>Special Surveys (Contact Groups)</i>						
Secondary Modern School (Girls)	—	36	36	—	—	—
Secondary Grammar School (Mixed)	58	66	124	1	2	3
Secondary Grammar School (Boys)	46	—	46	—	—	—
A Day Continuation School (Mixed)	9	13	22	—	—	—

RESULTS OF THE SURVEYS

<i>Group</i>	<i>Tuberculous Conditions</i>				<i>Other Abnormalities</i>		
	<i>Re-ferred to Chest Clinic or Hosp.</i>	<i>Re-ferred to Chest Clinic</i>	<i>Re-ported to Doctor</i>	<i>No Action</i>	<i>Re-ferred to Chest Clinic or Hosp.</i>	<i>Re-ported to Doctor</i>	<i>No Action</i>
(a) Primary and Secondary Modern Schools ...	14	4	9	27	4	7	15
(b) Grammar Schools	—	1	—	—	1	3	5
(c) Colleges of Further Education (full-time) ...	—	—	—	—	—	—	2
(d) Special Schools ...	—	—	—	—	1	1	1
(e) <i>Special Surveys</i> ... (<i>Contact Groups</i>)							
Secondary Modern School (Girls) ...	—	—	—	—	—	—	—
Secondary Gram. School (Mixed)	1	—	—	—	—	—	—
Secondary Gram. School (Boys)...	—	—	—	—	—	—	—
A Day Continuation School (Mixed) ...	—	—	—	—	—	—	—

Cases of Active Tuberculosis

Primary and Secondary Modern Schools ... 14 (2.5 per 1,000)."

A further school contact survey carried out by the Chest Clinic

Towards the end of the year a teacher in an infant school was discovered to be suffering from open infective bilateral pulmonary tuberculosis. It was decided, therefore, to carry out a contact survey of all the infants in the school, but before the investigation could be carried out one infant aged 5 was diagnosed as suffering from miliary tuberculosis. The infant's family and relations were examined but no case of tuberculosis was discovered among them.

The Heaf tuberculin skin test was given to 150 infants aged four to seven in the school, and 12 were found to be positive. These reactors were examined and x-rayed but none was found to be suffering from tuberculosis.

It would appear, therefore, that the source of infection was the teacher. The child was in the class taken by the teacher and the result of the investigation emphasises the need for contact examination.

CHILD GUIDANCE SERVICE

Dr. Burns, the Senior Psychiatrist, reports :—

“ As Child Guidance expands and grows, it tends to get into closer relationship with other agencies and institutions dealing with child life, and also to multiply its needs.

It has been extended through the ‘ Parent Guidance Clinics ’ to the pre-school, and even back to the pre-natal age. It has been introduced as Child Psychiatry into Children’s Hospitals or departments ; into Remand Homes ; and into relation with some of the other categories of handicapped children.

It thus tends to become more preventive, in the sense that the more widely the concepts of mental health in childhood are applied the fewer should be the cases actually referred for diagnosis and treatment to an actual Clinic. This is a necessary development because, as investigations carried out by the Child Guidance Service in this City last year have shown, the incidence of maladjustment—to use this portmanteau term—appears to be larger than can be economically or efficiently dealt with through Child Guidance Clinics alone.

With the growth of a Service, however, fresh demands are also encountered as necessary or desirable. One of these is undoubtedly provision for the more serious cases such as psychosis and other severe forms of disturbance in children, which may require anything up to two years of treatment in a hospital type of setting. The Maudsley Hospital, Children’s Department, near London, have helped us with a few cases, but this generally means a wait of several months. It is certainly to be hoped that, when the chill wind of economic restriction abates, this kind of unit will be provided in the Midland Region ; it should be a top priority.

Secondly, it would be desirable to have day schools or classes where special educational facilities would be provided for those children who are not fitting in to school life either through retardation or emotional disorder, or both. Notably there are the children suffering from ‘ school phobia ’ which can be very difficult to cure and even require home tuition in some cases. Remedial teaching, which involves far more than scholastic instruction, is already a most useful adjunct in the Clinics themselves, but is limited to very few. There is also, of course, the example of the University Remedial Institute. The provision of this type of help would be of undoubted benefit, both from the remedial and preventive points of view. Some of these nervous and retarded children gain great benefit from attending one of the two open-air schools, but this again is limited to very few.

With regard to residential facilities, the situation is easier than a few years ago, but there is still too long an interval before admission. There is also an almost complete dearth of suitable schools for girls of post-primary age. In the case of boys, it is often difficult to find a place because they will have to leave at eleven or twelve, and a year or two may not be enough. What is needed is a variety of schools and it will be regrettable if there is too much tendency toward uniformity, e.g., all boys' schools; for this reason it is hoped that independent schools of the right type will be encouraged rather than not. There are, of course, a great number of children, especially boys, who would benefit very much from boarding school education, not necessarily of a specialised kind. Many pre-delinquents, as well as the neurotic type, might be saved in this way.

We are fortunate in having the Hostel for twelve maladjusted boys between 11—15. These are often from rejecting homes, but in spite of this, many have done better than could have been expected once they have left; they have acquired stability and a feeling of community at a critical age."

Mr. W. J. Bannon, Senior Educational Psychologist, reports :—

"The third Clinic, to serve the South of the City, was opened at King's Heath on January 27th with a skeleton staff. By November 1st, when the Regional Hospital Board appointed an additional Psychiatrist to the Service, this Clinic was in full operation. The need for the extension was early apparent as the number of children from the centre and south of the City referred for psychological and psychiatric investigation in the last quarter of 1955 was 153 as against 75 in the last quarter of 1954. When the Service was extended from one to two Clinics in 1952 the same trend was noticeable, which supports the belief that the extent of the problem of maladjustment among school children cannot be measured by present Clinic case loads. The better the Service provided the more obvious and acceptable becomes the real situation to Head Teachers, School Medical Officers, General Practitioners and parents, and it may well be that the very necessary preventive service will be best served by extension of the therapeutic service.

The apparent drop in the total number of cases referred during the year is due to the fact that examinations in connection with Section 34 of the 1944 Act are now registered separately from 'Clinic' cases.

From January 1st, 1955, the assessment of children reported as intellectually retarded and requiring Special Educational Treatment was officially undertaken by the Child Guidance Service psychologists. This necessitated the addition of one full-time Educational Psychologist to the Central Clinic from which this work is now carried out by a staff of three, nine sessions weekly being allotted to this field. A psychologist from the Service also attends for two sessions weekly in connection with

the medical examination of children under Sections 34 and 57 of the 1944 Act.

In all 840 pupils were given psychological tests.

The percentage of cases failing to attend fell from 12·5 in 1954 to 10·5 in 1955, a welcome trend, but the figures are still too high and the wastage in time is still considerable.

The staffing position remains favourable and our establishment for the three Clinics is complete. For this, thanks are due to the loyalty of the Psychiatric Social Workers in face of more attractive conditions of service elsewhere and in spite of our excessive case loads.

Invitations by Parent-Teacher Associations and other bodies to members of the staff to address their meetings show an increase, as do the number of visits paid to the Clinics by individuals and groups. It is felt that the interest of educationalists, medical auxiliaries and the general public in the work of the Service is increasing appreciably though there is room for much improvement.

The following figures show the sources of and reasons for referrals and how the cases were disposed of throughout the year :—

Sources of Referral :

Parents	...	...	...	...	...	...	...	105
School Medical Officers	...	...	...	...	...	...	...	166
General Practitioners	...	...	...	...	...	...	...	76
Hospitals, etc.	...	...	...	...	...	...	...	31
Head Teachers	...	...	...	...	...	...	...	209
Probation Officers	...	...	...	...	...	...	...	40
Other agencies	...	...	...	...	...	...	...	164
								<hr/> 790 <hr/>

Reasons for referral :

Behaviour problems	...	...	...	...	...	...	...	323
Nervous symptoms	...	...	...	...	...	...	...	115
Habit disorders	...	...	...	...	...	...	...	75
Educational problems	...	...	...	...	...	...	...	101
Multiple problems	...	...	...	...	...	...	...	176
								<hr/> 790 <hr/>
On waiting list at 31.12.54	...	...	...	...	...	...	...	64
								<hr/> 854 <hr/>

Seen (699) :

Accepted for regular treatment	...	...	...	...	421
Clinic diagnosis advice and periodic supervision	...	...	...	...	278

Not seen (155) :

Failed to attend	83
On waiting list at 31.12.55	72
	<hr/>
	854
	<hr/>

Cases closed during year :

Improved	564
Placed away from home (<i>e.g.</i> , to Approved Schools and National Children's Homes)	26
Did not materialize	83
Other reasons (<i>e.g.</i> , no improvement, no co-operation, left district, to hospital, or other agencies)	107
	<hr/>
	780
	<hr/>

Psychological Assessments :

Tested in connection with Sections 34 and 57 of the Education Act, 1944	840 "
	<hr/>

INFECTIOUS DISEASES AND IMMUNIZATION AGAINST DIPHTHERIA

The following table shows the incidence of the more important infections occurring in school children, during 1955. Figures are given for comparison with the previous year.

The doctors and nurses visit the schools for special investigations when outbreaks occur and appropriate action is taken. There is close co-operation with the Public Health Department and the notification of cases is passed on immediately by the Medical Officer of Health.

No school or department was closed during the year on account of infectious disease.

There was a further drop, welcome if only small, in the number of cases of scarlet fever compared with the previous year.

The biennial periodicity beat in the incidence of measles occurred during the year, with a large crop of cases compared with the comparatively few cases of last year.

There was a welcome fall in the number of whooping cough cases compared with the previous year. This inverse relationship to the incidence of measles is a characteristic of the behaviour of the two diseases.

It is with regret that a single case of diphtheria has to be reported after a clean bill last year. This occurred in a girl age 9 who had received a preliminary course of immunization only. Fortunately the condition was quite mild.

Practically the same number of completed primary courses of immunisation treatment were given during 1955 as during the previous year. In addition figures are given for reinforcing injections. It is important, however, to maintain our efforts over immunization if eradication of diphtheria as an indigenous disease in this country is to be brought about.

CASES OF INFECTIOUS DISEASES NOTIFIED AND VERIFIED
OCCURRING AMONG SCHOOL CHILDREN.

<i>Disease</i>	<i>Sex</i>	<i>Ages</i>		<i>Total for year 1955</i>	<i>Total for year 1954</i>
		5—9	10—14		
Typhoid Fever	M.	1	—	1	—
	F.	—	—	—	—
Paratyphoid Fever	M.	2	1	3	1
	F.	—	2	2	—
Scarlet Fever	M.	274	41	315	318
	F.	260	32	292	312
Diphtheria	M.	—	—	—	—
	F.	1	—	1	—
Erysipelas	M.	1	—	1	5
	F.	1	1	2	3
Poliomyelitis (Paralytic)	M.	11	4	15	—
	F.	8	2	10	4
Poliomyelitis (Non-Paralytic)	M.	6	—	6	—
	F.	2	—	2	—
Encephalitis (Acute Infective)	M.	2	—	2	1
	F.	—	—	—	—
Encephalitis (Post Infectious)	M.	1	—	1	2
	F.	1	—	1	1
Meningococcal Infection	M.	15	4	19	17
	F.	6	3	9	20
Dysentery	M.	56	17	73	94
	F.	48	12	60	102
Pneumonia	M.	43	9	52	51
	F.	33	9	42	42
Whooping Cough	M.	426	11	437	653
	F.	531	26	557	719
Measles	M.	5411	130	5541	73
	F.	5226	198	5424	71
Tuberculosis (Pulmonary)	M.	25	30	55	59
	F.	43	29	72	53
Tuberculosis (Non-pulmonary)	M.	10	17	27	13
	F.	8	3	11	15
* Food Poisoning	M.	26	22	48	21
	F.	22	20	42	32

* There was no evidence that meals in the school canteens were involved.

CITY OF BIRMINGHAM—DIPHTHERIA IMMUNIZATION 1955

YEAR OF BIRTH	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	Total	Adults	Number of Sessions
Maternity and Child Welfare Centres ...	<i>Primary</i> 361	2800	409	206	156	92	58	12	6	—	1	2	—	—	—	4103 2126	— 2	530 —
Schools, Nursery Schools and Classes	—	—	1	43	81	976	1199	388	165	16	7	8	3	6	8	2901 7610	1 10	651 —
Day Nurseries ...	14	164	72	25	26	13	—	—	—	—	—	—	—	—	—	314 88	— —	201 —
Institutions ...	3	17	17	4	7	9	10	11	6	7	8	5	8	13	5	130 89	3 4	72 —
Council House ...	24	192	16	8	2	4	—	—	—	—	—	1	—	—	—	247 53	— —	49 —
A.P.T. General Practitioners	509	3731	536	173	83	80	23	12	5	4	2	1	1	1	—	5161 2394	20 3	— —
D.P.P.	305	2668	307	69	35	40	11	4	1	1	—	2	—	—	—	3433 245	— —	— —
TOTAL PRIMARY ...	1216	9572	1358	528	390	1204	1301	427	183	28	18	19	12	20	13	16289	24	1503
TOTAL REINFORCING	—	—	—	4	1243	6909	2981	823	485	58	28	21	23	15	15	12605	19	—

MORTALITY AMONG SCHOOL CHILDREN

The following table shows the causes of death among school children.

DEATHS OF SCHOOL CHILDREN AGED 5 TO 14 INCLUSIVE

<i>Cause</i>					<i>Male</i>	<i>Female</i>	<i>Total for year 1955</i>	<i>Total for year 1954</i>
Measles	...	...	...	...	—	2	2	—
Poliomyelitis including polio encephalitis	...	...	...	...	1	—	1	—
Acute infectious encephalitis in- cluding encephalitis lethargica	...	...	...	...	1	—	1	—
Meningococcal infections, including cerebrospinal fever	...	...	...	...	—	—	—	—
Tuberculosis of respiratory system	...	...	...	...	—	1	1	2
Tuberculous meningitis	...	...	...	...	—	2	2	1
Cancer	...	...	...	...	—	—	—	11
Rheumatic fever	...	...	...	...	—	—	—	1
Cerebral haemorrhage, etc....	...	...	...	...	1	—	1	2
Other nervous diseases and sense organs	...	...	...	...	2	3	5	1
Heart disease	...	...	...	...	1	2	3	2
Bronchitis	...	...	...	...	—	—	—	—
Pneumonia (all forms)	...	...	...	...	1	3	4	4
Other respiratory diseases	...	...	...	...	2	3	5	1
Diarrhoea and enteritis	...	...	...	...	—	—	—	—
Appendicitis	...	...	...	...	2	—	2	2
Other digestive diseases	...	...	...	...	1	1	2	—
Acute and chronic nephritis	...	...	...	...	2	—	2	1
Other genito-urinary diseases	...	...	...	...	1	3	4	—
Congenital debility, premature birth, malformations, etc.	...	...	...	...	2	1	3	1
Suicide	...	...	...	...	—	—	—	—
Other violence	...	...	...	...	14	11	25	17
Other causes	...	...	...	...	7	8	15	3
All causes	...	...	...	...	38	40	78	49

DEATHS FROM ACCIDENTS OF BOYS AGED 5-14 YEARS FOR 1955

<i>Date</i>		<i>Age</i>	<i>Cause of Death</i>
February	M.	6 years	Shock due to fractured base of skull and cerebral contusion. Whilst at play, he fell and was struck by a piece of timber. (Accidental death).
February	M.	8 years	Shock due to cerebral contusion and lacerations. Pedal cyclist in collision with private motor car. (Accidental death).
April	M.	7 years	Traumatic bilateral adrenal apoplexy, associated with multiple injuries. Pedestrian knocked down by motor car. (Accidental death).
May	M.	7 years	Pneumonia, associated with middle meningeal haemorrhage. Pedestrian in collision with a private motor car. (Accidental death).
May	M.	6 years	Toxaemia due to extensive burns. Pyjama coat ignited by coal fire. (Accidental death).
May	M.	6 years	Asphyxia due to drowning. Child at play, fell into canal. (Accidental death).
June	M.	12 years	Multiple cerebral lacerations associated with compound fracture of skull. Fell from roof whilst at play. (Accidental death).
June	M.	11 years	Fractured skull and cerebral lacerations. Riding bicycle and in collision with a motor lorry. (Accidental death).
July	M.	11 years	Fractured skull and laceration of brain. Pedal cyclist in collision with motor lorry. (Accidental death).
September	M.	6 years	Asphyxia by drowning. Child at play fell into canal. (Accidental death).
October	M.	10 years	Gross cerebral lacerations due to fracture of skull. Whilst riding pedal cycle was in collision with omnibus. (Accidental death).
December	M.	10 years	Shock due to multiple injuries including fractured base of skull. Fractured ribs, lacerated lung and haemothorax. Pedestrian in collision with a solo motor cycle. (Accidental death).
July (at Cardiff)	M.	12 years	Fractured skull accidentally sustained through colliding with a motor car whilst riding pedal cycle.
July (at Powell's Pool, Sutton Coldfield)	M.	10 years	Drowning caused by the overturning of a punt. (Accidental death).

DEATHS FROM ACCIDENTS OF GIRLS AGED 5—14 YEARS FOR 1955

<i>Date</i>		<i>Age</i>	<i>Cause of Death</i>
January	F.	12 years	Acute cyanide poisoning. Drank mineral water that contained cyanide placed there by her father who had committed suicide by that method. (Misadventure).
March	F.	13 years	Shock and haemorrhage from internal abdominal injuries. Child ran into roadway and knocked down by a motor lorry. (Accidental death).
March	F.	5 years	Shock from extensive burns. Dressing gown caught fire from electric fire. (Accidental death).
March	F.	11 years	Shock due to extensive burns. Nightdress ignited by electric fire. (Accidental death).
March	F.	12 years	Toxaemia following extensive burns. Dress caught fire from electric fire. (Accidental death).
May	F.	10 years	Toxaemia following extensive burns. Dress caught fire from coal fire at home. (Accidental death).
July	F.	8 years	Toxaemia due to extensive burns. Dress caught fire whilst standing in front of open coal fire. (Accidental death).
July	F.	6 years	Fractured skull. Cerebral lacerations. Child pedestrian in collision with solo motor cycle. (Accidental death).
September	F.	5 years	Acute staphylococcal osteomyelitis. Child sustained a fall at play, or whilst a passenger in a motor car. (Accidental death).
November	F.	7 years	Shock due to extensive burns. Clothing ignited from open fire at home. (Accidental death).
May (at Hampstead Yard, Gloucester)	F.	5 years	Shock and asphyxia from extensive burns sustained when house burned down. (Accidental death).

It is a melancholy thought that the number of deaths in this age group due to accidents has increased this year. The wastage of precious young lives gives rise to much concern, and the details of the causes are set out so that thought can be given to their prevention.

It will be noticed that most of the girls died from home accidents and there is need for making parents aware of needless dangers in the home. This is ably undertaken by The Royal Society for the Prevention of Accidents, The Birmingham Accident Prevention Council, and The Birmingham Accidents Committee.

Through Home and Road Safety Exhibitions, Junior Cycle Rallies, Safe Driving Competitions, "The Safety Campaigner" (the official organ of the Birmingham Accident Prevention Council) and the circulation of leaflets, and a very strong bid is being made to reduce the number of deaths and injuries resulting from accidents. Moreover, Head Teachers, some of whom are members of the Birmingham Accident Prevention Council, have for many years included road-safety as part of the curriculum in schools.

It is apposite to note that the Ministry of Transport Committee on Road Safety in its report on child cyclists proposes that there should be a voluntary system of training and testing.

INSTITUTE OF CHILD HEALTH

The general aims and activities of the Institute have been outlined in previous reports. More especially it may be stated that the interchange of whole-time medical officers between the School Health Service and the Children's Hospital was continued during the year. In this connection Professor J. M. Smellie, Professor of Child Health, helps materially with integrating the purpose underlying this exchange scheme.

Among the objects of the Institute is the promotion and encouragement of research projects and activities in the field of child health. During the year, the Committee agreed to co-operate with an investigation into the intellectual capacity of premature children, planned by the Institute. Through the Professor of Education, Birmingham University, a member of the staff of the Institute of Education's Remedial Education Centre will examine psychologically some 200—300 children born between July 1948 and July 1949 including both children who were prematurely born and a control group of full-term children. No accurate assessment of the intellectual development of premature children has hitherto been conducted anywhere in the country, and the results of this survey should be of great value.

PHYSICAL EDUCATION

Close collaboration exists between the School Health Service and the Organising Inspectors of Physical Education, both in general considerations and over individual children. During medical inspection at the schools, and at the clinics, the medical officers consider the fitness of the children for the various forms of physical activities and advise accordingly.

The Organising Inspectors indicate in the following report the wide range of facilities for indoor and outdoor physical education. It is to be regretted, therefore, that while numbers of teachers avail themselves of the courses in physical education there are insufficient trained teachers at present to meet the needs of the scholars.

Miss A. Thorpe and Mr. J. F. McCarthy, Organising Inspectors of Physical Education, report :

“ Retirement of Mr. Donald MacCuaig, M.B.E.

After thirty-four years' service as Organising Inspector of Physical Education to the City of Birmingham Education Committee, Mr. Donald MacCuaig retired at the end of August, 1955. Mr. MacCuaig was held in high esteem by his colleagues and the large body of teachers in the schools.

An acknowledged authority on physical education, Mr. MacCuaig's contribution to this special aspect of education was felt not only locally, but throughout the country. On his retirement appreciation of his services and good wishes were extended by the Education Committee and many other groups and individuals.

Mr. J. F. McCarthy, formerly Organiser of Physical Training in Coventry, was appointed by the Committee to succeed Mr. MacCuaig and took up his duties in September.

The comprehensive provision for physical education in schools and institutions under the control of the Education Committee was outlined in last year's report. A few sections are selected for comment this year.

Training Courses in Physical Education for Teachers and Leaders

The following courses for teachers in primary and secondary schools and leaders in institutes of further education were organised under the auspices of the Education Committee in 1955.

Type of Course	Total hours	Number of students		Total Student Hours
		Men	Women	
A.				
Courses for Women Teachers :				
Physical Education for Infant Classes, Course A	13	—	47	596
Physical Education for Infant Classes, Course B.	15	—	48	693
Physical Education for Junior Classes	9	—	93	532
Girls' Gymnastics—Elementary	26	—	10	235
Girls' Gymnastics—Advanced	17	—	26	359
Athletics for Girls	12	—	28	276
Hockey Umpiring	7	—	15	81
B.				
Course for women instructor leaders of Physical Recreation	88	—	18	1,215

Type of Course	Total hours	Number of students		Total Student hours
		Men	Women	
C.				
Courses for Men Teachers :				
Cricket Coaching	16	20	—	278
Swimming	14	22	—	275
Athletics	12	12	—	120
Football Coaching	9	26	—	234
Sword and Morris Dance—				
Advanced	7½	18	—	135
Football Refereeing	6	33	—	198
D.				
Courses for Men and Women Teachers :				
Swimming—Advanced	15	2	4	336
Dance—Introductory	10	22	22	362
Scottish Dance I	12	21	23	490
Free Dance	12	15	30	474
English Folk Dance	12	24	24	470
Scottish Dance II	12	16	13	343
Irish Dance	9	14	30	380
	333½	264	431	8,082

In addition to the above, some teachers were assisted by the Committee to attend vacation courses in physical education organised by the Ministry of Education, the British Association of Organisers and Lecturers of Physical Education, the Control Council of Physical Recreation and other bodies. Other teachers attended such courses entirely at their own expense. A few teachers followed one year full-time supplementary courses in physical education at certain colleges.

There is no doubt that teachers and leaders greatly enjoy the courses they attend and there is ample evidence that both the teachers and their pupils benefit. Valuable work is being done in the City by these teachers.

Supply of Teachers and Leaders of Physical Education

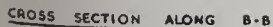
In spite of the many sources of supply, there are insufficient teachers with special knowledge of, and qualifications in, physical education to meet the needs of primary and secondary schools in this respect. The shortage of women teachers of physical education is especially acute.

The further education panel of men and women leaders of physical education, formed chiefly from leaders trained at the Education Committee's courses for instructor leaders and also by teachers from day schools, adequately supplies the institutes of further education and clubs who apply for leaders. It is interesting to note how many men and

M E T C H L E Y P A R K L A N E P L A Y I N G F I E L D S



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women, having followed a two or one year part-time course and gained the Committee's leadership certificate, continue as leaders of physical recreation for many years. It is usual to find they attend refresher courses and keep up their own physical skill by attendance as students in classes at the Birmingham Athletic Institute. In December, 1955 a two year part-time course for women was completed and the new members of the leaders' panel are already appointed to classes.

Facilities

The provision of suitable facilities for indoor and outdoor physical education is important.

Gymnasia : Eight schools with equipped gymnasia were opened in 1955, bringing the total number of gymnasia under the Education Committee to 80. These gymnasia are well equipped. They are in full-time use throughout the week by hundreds of day pupils and many are also used by evening groups.

The adjacent changing and shower accommodation enables a practical scheme of health education to be put into effect and good training in healthy habits is given.

Playing Fields : In addition to the usual maintenance, improvements were carried out at various fields. In spite of the early pioneer work of the Birmingham Education Committee in the matter of playing field development, there is insufficient area within the City to supply the playing field needs of the schools to-day. The post-war lack of transport severely penalises many of the schools near the City Centre where transport to fields is essential. In 1955, the supply of additional 'buses was greatly welcome.

The following plan shows the major scheme of terracing, now almost completed, at the Metchley Park Road Playing Fields, Harborne.

Swimming Baths : Instruction in swimming takes place in Corporation swimming baths where the design of the bath and presence of the general public greatly handicaps the work of the teachers and instructors. There are many enthusiastic and able teachers of swimming who have raised the standard of swimming in the City in recent years. Their work, however, would be greatly eased if the facilities were more suitable for the teaching of their large class groups.

Apparatus for Physical Education : Suitable apparatus and clothing for the particular branch of physical education engaged upon are necessary adjuncts to the provision of good facilities and sound teaching.

During the year under review some progress has been made on the following lines. .

Climbing Apparatus in Primary Schools

A number of primary schools provided climbing apparatus out of their school funds. A certain amount was also installed by the Committee. This included fixed climbing frames in playgrounds and portable units for use in school halls or in playgrounds.

Such apparatus is very popular with young children who appear to benefit by its use. Advice has been given on the selection, siting and fixing of the apparatus and care taken to ensure that the apparatus is soundly constructed, safely installed, well maintained and of a type to provide progressive challenge to the various age groups.

Gymnastic Apparatus in Secondary Schools

A survey has been made of the older secondary school halls where such schools have not a gymnasium. Orders have been placed for the provision of portable gymnastic beams in a number of these schools to supplement the portable apparatus, most of which was supplied prior to 1939.

While new and improved conditions have been provided for Physical Education and although additional apparatus and equipment have become available, the conviction remains that benefit for the school-child is almost entirely dependent on the skill and enthusiasm of the teacher. This Authority is fortunate in having a loyal and able body of teachers who have been anxious to take full advantage of the opportunities which have been provided for them to widen their knowledge and improve their skill as teachers.

The organisation of further courses appears to be one of the best means of assisting these teachers to maintain good standards in the schools but individual help and advice in the schools is not less important.

In general it is felt that the development of physical education as an integral part of education in its broadest sense is being maintained. There is little doubt that post school life offers greater opportunities as a result of what has been achieved so far."

CAMP SCHOOLS

During the year 1955 approximately 1,100 children have visited the three Camp Schools, Stansfield Camp School, Bell Heath Camp School and Bockleton Camp School. The reduction in numbers this year is due in the main to staffing difficulties ; Bell Heath Camp School was compelled to close early in September.

There have been very few cases of illness in any of the Camp Schools and only one case was of an infectious nature.

During the August holiday a party of children, who would not otherwise have enjoyed a holiday, were taken to Stansfield Camp School, Oxford, by four teachers who voluntarily gave up their holiday to open

the Camp for this period. At the same time a party from a Birmingham Church Group visited Bockleton.

It is obvious from the reports and letters of appreciation received in this office, that the children have benefited greatly, both in mind and body, from their visits to the Camp Schools.

WOOD END HOSTEL

Dr. Lemin reports :—

“ The general medical supervision of Wood End Hostel has been continued over the past year. The number of children have fluctuated between 27—29 and children have been visited three times during each term when they have undergone a full scale medical inspection and have been weighed and measured. Opportunity has been taken to x-ray all new admissions and to immunise all those children who have not been previously immunised against diphtheria.

It is interesting to note that the new admissions have needed more help than those children who have been with us some time and where conditions such as eye defects, dental deficiencies and orthopædic requirements are discovered this treatment has been carried out. A number of children have visited the Physiotherapy Department at Sheep Street each Monday afternoon for remedial exercises involving the improvement of posture and improvement in foot conditions.

On the whole, there has been very little incidence of illness during the year. There were two small outbreaks of measles—six in January and five in June—otherwise, apart from some colds, we have had a fairly clean bill of health. One child who came to the Hostel in a very poor state of health has now improved to such an extent that treatment for the degree of anæmia that was present is no longer necessary and she has settled down into an active member of the community.”

CONVALESCENT TREATMENT

Convalescence is an important aspect of complete treatment and the need for convalescence for children recovering from illness is stressed by pædiatricians. Indeed one University Department of Child Health has completed a comprehensive report on the convalescent child.

Accordingly it is a pleasure to report that the Committee under the scheme was able to send 206 children to convalescent homes. Full payment was not made for all, as in several cases, some contributions were made by a voluntary fund.

NURSERY SCHOOLS AND CLASSES

Dr. Lemin reports :—

“ The general medical supervision of the Nursery Schools and Classes has been carried out as usual during the past year. This supervision is in addition to the visits paid by the Medical Officers and Nurses in Nursery Schools in whose particular Clinic area each school or class lies. The visits have been paid in the company of the Deputy Superintendent School Nurse. They consist both of routine visits and special visits where any particular problem has presented itself, or where there has been any incidence of infection such as enteritis. Where enteritis has occurred, immediate information has been received centrally, either from the Superintendent or Head Teacher or the Nurse in Nursery Schools or the School Medical Officer. Investigation has been carried out in conjunction with the Medical Officer of Health, whose particular problem such epidemics are, when visiting the affected Nursery with his colleague. This has been done in four cases over the twelve months. In this way, all proper steps have been taken to cope with any such outbreak.

Over the past years where this general supervision in the visiting has occurred, it has become increasingly evident that it serves a very useful purpose in welding together the whole welfare team by personal contact. In a number of Nurseries visited we have been impressed with the happy atmosphere that exists and the recurring reports concerning the children who had at entry into the school or class been either below par or diffident and have rapidly become one of the corporate life of the Nursery, gaining improvement in health and the adjustment of any emotional difficulty. The opportunity has been taken of watching the children at meals. It has been satisfactory to observe how colour and variation and interest are incorporated into that important function in the child's life.”

THE DODFORD NURSERY CHILDREN'S HOLIDAY FARM

A description of the aims of this project has been given in previous reports. Dr. Beaumont, who continues to act as Chairman of the Committee of Management writes :

“ Between 21st April and 27th September, 1955, 137 children from 5 Nursery Classes spent a day at The Farm.

185 children from 12 Nursery Schools and Classes stayed for 6 days.

This number is smaller than in 1954 as in the spring a number of children developed infectious diseases just before they were due to go to The Farm and it was too late to give their places to other children. Also one or two schools had difficulty in taking enough staff, so that a smaller group of children were taken.

Two children developed whooping cough and one measles while at The Farm and had to be taken home.

One accident occurred, fortunately while I was there, so that I was able to take the child to its grandmother's and then to hospital where a deep cut over an eyebrow was treated.

Dr. Mundy reports that he and Dr. White were called to The Farm on three occasions each for some minor malady. He suggests that he should visit The Farm once a month and we have accepted his offer gladly.

The children seemed to be more in need of the holiday this year as there had been so much whooping cough and measles among them and it was very satisfying to see them go home looking so much better than when they came. This was noticed particularly in one group.

The weather was mostly very good and the children were able to spend more time out of doors than usual.

The teachers and other staff work very hard while they are at The Farm, and their work is appreciated by the organiser and the parents.

Some schools arrange for the mothers to visit The Farm in the evening when the children are asleep.

I would like to add a note of appreciation on the work of our house-keeper, Mrs. Collins, who keeps the happy atmosphere at The Farm and shows the wisdom of Solomon on many occasions, and of Mr. Collins' help in many ways.

We are grateful to the Education Committee for recognising us so that the staff and children are able to go, and also to the School Nursing Service for arranging for the examination of children before they attend."

REPORT ON THE WORK OF THE SCHOOL NURSING STAFF

Miss D. A. Ashby, Superintendent School Nurse, reports :

"Many aspects of the work of the School Health Visitors and School Nurses have been discussed at some length during recent years and the pattern seems to have changed very little in 1955. With the appointments and resignations which occurred throughout the year, and the absence of three members of the staff for the whole year, the nursing strength was roughly 77 per cent. This staff shortage is most keenly felt in all aspects of follow-up and health education.

The school nurse's work at medical inspection in schools and clinics has been carried out as previously and every advantage taken of the contact with parents and teachers offered by these occasions.

In the inspection, consultation and treatment clinics, the nurse's function has been discharged much as usual, except for the growing awareness of the educational opportunities such occasions provide. A reduction in the severity and often in the numbers of minor ailments, allows the treatment session to become a teaching occasion to both parents and children in matters of health, personal hygiene, and the prevention and treatment of many minor ailments in which the normal family should be self supporting.

Follow-up and Home Visiting

In the course of follow-up visits arising out of medical inspection to children in primary and secondary schools 11,088 examinations were made by the nurses. This number also includes children found not satisfactory at the nurses hygiene and vision surveys, but does not include children followed up for verminous conditions only.

In addition, the home visits which are such an essential part of follow-up, were chiefly for the following conditions :—

	1955	1954
Neglect and verminous conditions	631	639
Infectious diseases	79	74
Orthopaedic defects	59	103
Ear, nose and throat defects	88	108
Visual defects	470	478
Behaviour difficulties	57	66
Environment factors	84	86
Health and Development Survey	125	80
Asthma, heart and chest conditions	422	130
Other conditions	367	468
Handicapped children	214	(Not kept separate).
No access visits for all above categories ...	524	523
	<hr/> 3,120	<hr/> 2,755

Vision Survey

The work of the vision survey shows very little variation, both in distribution, conduct and results, from that of 1954. The total number of children tested during 1955 was 48,373. Of the 9,841 children found with defective vision 4,361 were already wearing glasses, 2,373 were referred to the clinic, and 3,107 were kept under further observation and included in subsequent follow-up of medical defects.

Nurses' Survey

With the exception of the three districts included in a pilot scheme, details of which are given in the report on cleanliness, the school nurses surveys for health, welfare and personal hygiene have been carried out in the central and inner rings schools once each term, and in the outer ring schools twice each year. They have enabled the nurses to play their part, not only in maintaining and raising the standards of personal hygiene of the children, but also in the promotion of health and well being.

	1955	1954	1953
The number of examinations by School Nurses at their health hygiene surveys	272,335	281,243	323,760
The number of children referred to the School Medical Officers for advice	4,771	4,354	4,852

Nursery Schools

In the past School Nurses have spent much time in Nursery schools and classes with cleanliness, care, and health surveillance, which should form an unobtrusive part of the day to day care of all children in nurseries. In recent years the total time spent by the nurses in the nurseries has been reduced considerably, while increasing, at the same time, the amount of time spent in following up defects and problems of all sorts brought forward by the nursing staff in the course of their work with the children.

This has not always been easy to encompass, because of the pattern laid down in the war years when the nursery work was in its infancy. During the year 348 home visits have been paid by the nurses in respect of children under five and of these 37 were visits where no access was gained to the home.

The Cleanliness Campaign

The position with regard to the personal hygiene of the children all over the city, has changed considerably in recent years. The improvement in the prevailing standards of cleanliness is reflected in the infestation rate ; in the relative distribution and comparative mildness of verminous conditions ; in the steady decrease in the number of children being cleansed and the almost complete disappearance of the body louse.

The school nurses in their health and hygiene surveys and the nursing assistants in their continuous cleanliness supervision and where necessary, cleansing of the children, have been chiefly responsible for this. It has been evident for some time, however, that the prime reason for the relative frequency of the nurses' surveys, in every type of school, is the need to maintain constant vigilance in preventing the spread of verminous conditions and to keep an eye on the small minority of children who suffer from some degree of parental neglect. This burden of ascertainment carried by the school nurses has been responsible in a large measure, for the insufficient time spent in teaching personal hygiene to children and parents, in school, in their homes and in clinics. The opinion that a less frequent survey by the school nurses, coupled with some form of screening by nursing assistants, thus giving the school nurses more time to get at the root of the matter, was responsible for the beginning of the following experiment.

Pilot Scheme

This scheme has been carried out over a period of three years in three of the largest areas of the city. The areas chosen are representative of all types of housing conditions and all standards of parental care, and extend from the centre to the circumference of the city on the east and north west sides. In all the schools in these areas a thorough survey of all the children has been carried out by the school nurses, and

care taken subsequently to examine all absentees, once each year. The remainder of the nurses' surveys during each year, one or two according to the needs of the school, have been replaced by cleanliness inspections of all children by the nursing assistants, who have also carried out the cleanliness re-examinations and necessary cleansings as previously.

The school nurses have thus been enabled, when not prevented by gross overloading through staff shortage, to spend more time on follow-up of defects of health, development and environment, and more time on health education. There is evidence that standards of care and cleanliness among the children have not suffered (indeed in some families, where extra time has been spent by the school nurses in home visiting, the standards have been raised) and, so far, there has been no indication that other defects have been missed through less frequent screening by trained personnel.

Comparative Table for Pediculosis Capitis

	1955	1954	1953	1952	1951
Infestation rate (per cent) ...	7.8	8.6	7.7	9.3	8.6
Number of children cleansed on statutory cleansing orders	1,655	2,067	1,771	2,010	2,639
Total number of statutory cleansings	2,171	2,756	2,251	2,385	3,345
Cleansing demonstrations to mothers	458	423	443	394	204
Prosecutions under Sections 54	21	37	21	36	11
No. of families involved ...	20	33	17	25	5

The nurses' policy of offering help, usually at the second home visit, to mothers of persistently verminous children, has resulted in a further increase in the number of demonstrations of cleansing in clinics and bathing centres by the nursing assistants and is a tremendous help to the willing but feckless mothers who can only learn by doing.

The Bathing Centres have functioned also, as in recent years, for the treatment of scabies, other conditions requiring a bath, and in offering help and teaching personal hygiene to families in trouble.

Specialist Work

Handicapped Children. The school health visitor responsible for work among handicapped children in day special schools where there is no full time nurse has spent all her time on the work as in 1954. The time taken up by attendance at medical inspection and ascertainment clinics leaves insufficient time for home visiting especially to those families whose handicapped children need more help in their home environment and to those families who are themselves seriously handicapped because they contain a handicapped child. More time is needed for liaison, with other workers concerned with those families, and with residential schools outside the city boundary, who have children with difficult home backgrounds.

Asthma Clinic. The school health visitor involved in this work since its inception has again devoted all her time to it. It has meant for her increased knowledge, absorbing interest and more effective work with parents and children.

This work covers the whole area of the city and the time and energy wasted on travelling is considerable. A total of 511 home visits were made, mostly by appointment, and 79 of these gave no access.

The Ear, Nose and Throat Clinic and Audiometric Scheme. The same nurse has again devoted all her time to the audiometric work, which is reported in full elsewhere.

The nurse in charge of the Aural Clinic has also been employed full time as in previous years, and has co-operated fully with hospitals and the Audiology Clinic.

The follow-up work and home visiting of all the aural and audiometric work is carried out by the school nurse for the district in which she works, except in the cases of those children referred for admission to a Special School.

Health Education

Apart from the work with small groups in schools and clinics the Nursing Staff have also contributed to education programmes of Parent-teacher Groups and the training course for the staffs of children's homes.

Post Graduate Training and Refresher Courses

Two school nurses joined the Health Visitor's Training Course and obtained their Certificate during the year and five members of staff attended recognised Post Certificate Refresher Courses. All nursing staff, except newcomers, helped with the practical training of Student Health Visitors.

Appointment of Clinic Superintendents

On December 1st, 1955 seven school health visitors were promoted to the rank of Clinic Superintendent. It will be interesting to see what effect this will have on the school nursing staff as a whole and on the ultimate quality of the service offered to the children.

Acknowledgements

The co-operation of all those concerned with the welfare of the child outside the School Health Service has been greatly appreciated.

In conclusion I would like to acknowledge my appreciation of the work carried out by the Deputy Superintendent School Nurse, Mrs. Ashworth, during my absence, while she was working single handed with considerable staff shortage."

SUITABILITY FOR FUTURE EMPLOYMENT

The School Medical Officers have continued to take their part in the vocational guidance of school leavers. There is collaboration also with the Youth Employment Officers over particular cases who have left school.

Furthermore, in accordance with the Ministry's Circular 249, the School Medical Officers have examined the candidates for admission to a training college, and intending teachers other than those who were examined on the completion of the approved course of training before entering into the teaching profession. The number of training college entrants has not varied very much since the medical examination was undertaken but the number of "intending teachers" has risen considerably.

Eleven candidates were referred for specialist opinion and recommendation in accordance with the Committee's Scheme and in each case the co-operation and advice of the candidate's medical practitioner was sought prior to reference to the specialist.

During the year the Ministry published an addendum to Circular 249, which modified the advice contained in the Notes of Guidance on Medical Standards attached to that Circular, in relation to epilepsy in the light of modern practice.

Medical examination of entrants to Training Colleges and of intending teachers :

	1953	1954	1955
Training College candidates ...	304	322	317
Intending teachers	112	131	182
	<hr/> 416	<hr/> 453	<hr/> 499

HEALTH EDUCATION

The arrangements for Health education in the schools, previously outlined, have been continued during the year.

In addition the following activities have taken place during the year.

The School Medical Officers and Nurses have given a number of talks at Parent-Teacher Association meetings and to a Mothers' Club on a new housing estate on "Child Health" and "The School Health Service." These opportunities continue to be welcomed as they afford occasions for reinforcing the impressions made at the periodic medical inspections and for discussing problems raised by the parents.

Lectures and demonstrations have been given in connection with the training course for staffs of children's homes, for the Child Care Course, for student health visitors, for teachers' training courses at the

City Training College and at Westhill College, for teachers taking the Birmingham University course for the certificate in the teaching of educationally sub-normal children, for the staff of the Home Nursing Service, to the student nurses at Selly Oak and St. Chad's Hospitals, to clinical meetings at the Children's Hospital, to the P.E.N.U., to a group of students from the Selly Oak Training College studying Social Science, to a Townwomen's Guild, to a group of German Headmasters, the British Dental Nurses and Assistants Society, to the Society of Chiropodists, to groups at Winson Green Prison, to Dr. Wissler of the Kinder Sanatorium, Davos, Switzerland, to a Medical Officer from Hong Kong, a World Health Scholar, to a senior dental officer from Finland, to a paediatrician from San Francisco, to a speech and hearing consultant from Illinois, and to the matron of the Karachi Hospital.

EMPLOYMENT OF SCHOOL CHILDREN AND YOUNG PERSONS

During the year 1955 thirty-nine children were found to be unfit for part-time employment either temporarily or permanently out of 8,442 children examined in accordance with the bye-laws.

Of these, three were suffering from acute conditions at the time of examination; one from otitis media, one from furunculosis and one from influenza.

Seven children were suffering from injury at the time of examination of which two had a fractured arm, one had a fractured clavicle, two had injury to the knee, one had a fractured thumb and one had a fractured leg.

Twenty-three were in poor general condition of which six had some type of respiratory complaint, three had rheumatism and the effects of rheumatic fever, three suffered from epilepsy, major or minor, one had congenital heart with some clinical manifestations.

The remaining ten were of specially poor general condition as to make part-time employment inadvisable and three were temporarily suspended from part-time employment pending further examination. These were subsequently passed as fit.

In general the School Medical Officers, out of their experience gained in the bi-annual medical "follow-up" examination of these scholars, do not consider that part-time employment harms a fit pupil. There is unanimity however in their concern over the effect of part-time employment on the Grammar or Technical School pupil.

Dr. Beaumont reports :—

"Examinations of these children over a period of twenty years show the following.

1. Very few children are unfit. Not more than ten per year are refused their certificate—probably less.
 - (a) children with bad posture, marked hernia, and recently having had T.B. should be refused.
 - (b) many have improved, especially those with catarrhal conditions, those who lack confidence, the nervous child.
2. Garage employment should be prohibited as this may lead to exploitation.
3. Clothing and footwear have *very* much improved, especially since the introduction of bi-annual examinations.

Children do tend to come for examination wearing their best shoes, so that a constant watch on footwear is still very necessary.

Boys attending for examination during the holidays tend to look more tired, as they go to bed later.

It would help if Masters would report boys who appeared tired in class as it is essential that these children should go to bed before the proper time if they are up before 7 a.m.

4. Grammar or Technical School children should only work *either* morning or evening and preferably on Saturdays only. Some Grammar School children need extra money for pocket money, to enable them to go for holidays abroad with the school, to pay extra subscriptions that occur in every such school.
5. Most children save some money for bicycles, clothes and holidays.
6. Few children are exploited by the homes and often they are from homes where every other member of the household are at work. Bi-annual examinations, though time consuming, are valuable. "

Dr. McGregor reports :—

" I find it very difficult to comment satisfactorily on the results of employment on health—assessment is so unsatisfactory.

I can say that in the past year :—

- (1) I have not been obliged to stop any child working because of ill effects on health.
- (2) The boys and girls appear to enjoy doing their jobs or at least feel that they are well worth while.
- (3) All parents questioned have said that working has been for the child's good, particularly in character building and good habit formation.

These comments are open to obvious criticisms—e.g. I don't see the children who give up their jobs because they don't like them or whose parents stop them working because they feel that the work is harming the child, etc., but on the whole my impression is that part-time employment is good for the children."

Dr. Martin reports :—

“ Part-time employment of children. I have found very few cases where this has had an adverse effect on the health of children the cleaner air of early morning and exercise is probably beneficial. Footwear and protective clothing against bad weather, however, often leaves much to be desired. The only instances in which I have recommended parents to discontinue employment for their children have been Grammar School boys where with home work and preparation for examinations, I felt it has been too much for them.”

Dr. Wigley reports :—

“ I am under the impression that children doing part-time work, providing there is no positive medical contra-indication, are not in any ways harmed by such employment. Indeed it is to some extent beneficial both mentally and physically.

There are two exceptions to this :—

- (1) Grammar School children, who I feel should on no account do outside work ; their school work is sufficiently arduous.
- (2) Certain children, having to get up at 6 or 7 a.m. still go to bed at 9.30 or after. These, I think, get insufficient rest.”

CHILDREN IN ENTERTAINMENT (Pantomime Children)

Dr. Lemin reports :—

“ The employment of children in pantomime is covered by the Children and Young Persons Act, 1933, Sections 22 and 23, the requirements of which have not been modified at all by the Children and Young Persons Amendment Act of 1952.

In examining these children for the last five years it has become apparent that even with the best of care and supervision both by the Organisers of the troupe and by the Licensing Authorities, the general effect on these children is not satisfactory. This impression is gained from clinical assessment of the various examinations at which they have appeared. It does not essentially manifest itself in actual weight loss or some such concrete evidence, but the children appear tired and pale at the end of the run in a great number of cases.

An extraordinary situation arises in respect of children in part-time employment (Children and Young Persons Act, 1933, Sections 18 and 19 and the Bye-laws in respect of employment of such children) and children in pantomime. The children in part-time employment are safeguarded by not being employed until the age of 13 and even then being employed for not more than two hours on any day on which they attend school or on Sunday. The number of hours worked on school days and Sundays is safeguarded by Section 18 of the Children and Young Persons Act, 1933,

which may be and is modified by the local Bye-laws as to the time of starting and finishing and length of time worked. In contrast to these, children in entertainment may start at the age of 12 in what appears to me a far more arduous procedure, giving a series of late nights, i.e. bed at 11 p.m. at the earliest in many cases, although they leave the theatre at 9—9.30. On some days when there is a matinee they may have to do two or possibly three performances in a two-house show, though this third performance is rare.

I am convinced that such a procedure has an undesirable effect both physically and emotionally and more so when the children are licensed to go on tour—in some cases, a fresh town every week. With the increase of growth rate in children, the tendency is now to take children nearer the age of 12. In one particular troupe that came under observation the children travel on a Sunday from town to town giving, in effect, a 7-day week and the fatigue in this case was most marked.

Over the years the stringent enforcement and the full interpretation of the laws and bye-laws relating to entertainment have tended to eliminate to some extent the more unsatisfactory arrangements. Between 90 and 150 children have been under observation during the period under review, and the extent of the run of the pantomime has been from 6 to 12 weeks and in one case 14 weeks. The children have been examined before entry into pantomime, half-way through the session, and at the end. During the present year 152 children were examined for Theatrical Licenses of which 5 were found unfit.

In one troupe that recently came under observation enough children were employed to allow of an early night in rotation. Although this was a very small sample it did appear that this was of benefit insofar as the children were less fatigued than other similar samples at the same examination.

If it should be that children must still appear in pantomime the following modifications occur to me :—

1. That the maximum run with which any single troupe should be faced should be six weeks.
2. The age should certainly be raised to 13 to bring it into line with part-time employment. It would be preferable if the age level was raised even further.
3. Touring week to week or fortnight to fortnight should be absolutely forbidden.
4. Enough children should be employed to allow a free night in rotation.

These recommendations are, of course, in addition to the present care which is exercised certainly by our own Authority in food, accommodation and general welfare.

These foregoing comments underline the need for the fullest possible interpretation of the circulars and recommendations which are issued by the appropriate Authority.

MISCELLANEOUS

SPECIAL EXAMINATIONS :

Examinations of manual staff in accordance with the Corporation's Sickness and Accident Scheme	...	524
Examination of other adult employees of the Education Committee	... ..	284

CO-OPERATION AND ACKNOWLEDGMENTS

It is a pleasure to acknowledge the material help which the teachers give to the School Health Service. The relationship continues to be cordial and ready assistance is given, sometimes in spite of difficulties over accommodation in the school. The mutual aid which the teaching and school health service staff can give to the pupils is fully recognised.

The Committee's Inspectorate have also shown their general interest and have given valuable advice in particular cases.

To doctors at the hospitals and in general practice this opportunity is taken of expressing appreciation of their very material help in supplying reports and for discussing special points over the telephone in the midst of their busy activities and to the Secretary of the Local Medical Committee for the interest and consideration he has shown.

Acknowledgment is also made of the willing help and co-operation given by the following who are now connected in various ways with the work of the School Health Service : the Senior Administrative Medical Officer of the Regional Hospital Board and his medical assistants ; the Secretary of the Board ; the Secretary of the United Hospital Board and the Clerk of the Local Executive Council.

In so many ways the Education Welfare and School Attendance Officers give material assistance to the School Health Service, and special mention may be made of their help following-up certain cases and in providing information from their wide range of activities.

It is a pleasure to mention the help which the Almoners of the hospitals render over many children.

Appreciation is expressed to the local Press for the helpful and sympathetic presentation of school health topics.

To the Organiser and Inspectors of the National Society for the Prevention of Cruelty to Children a special word of praise is due for their warm co-operation over difficult cases which call for both tact and zeal.

Appreciation is expressed to the local Press for their help in providing outings and holidays for Birmingham children.

546 handicapped pupils from Special Schools were given days outings to Wickstead Park, Dudley Zoo and Weston-super-Mare, and 830 spent a happy day at Manor Park Farm, Northfield. 52 handicapped boys had a week's camping holiday at Torquay and 50 handicapped boys and girls were taken to Far Forest or St. Oswald's Camp for a fortnight.

HANDICAPPED PUPILS

In March, 1955 the Minister of Health following consultation with the Faculty of Ophthalmologists issued a revised Form B.D. 8. This form is designed primarily for the use of welfare authorities in connection with their duties for the registration of blind and partially sighted persons. The Ministry of Education issued an Administrative Memorandum on Blind and Partially Sighted Pupils, at the same time. In this memorandum the Minister expressed the hope that local Education Authorities would ensure that a report on this revised Form B.D. 8 by an ophthalmologist would be available to them when they are considering the provision of special educational treatment for any pupil whose eyesight is thought to be defective.

Attention was also drawn to the important point that the former "certificate" in Form B.D. 8 had been replaced by a "recommendation" in so far as it relates to the education of persons under the age of 16. The opportunity was taken by the Minister to state that the responsibility both for ascertaining which children require education as blind or partially sighted pupils and also for the provision of special educational treatment rests with the local education authority as for other handicaps. The recommendation by the ophthalmologist is only one factor, though a most important one, in deciding what special educational treatment is appropriate to a particular child. In addition to Form B.D. 8 there will be advice from the school medical officer, and information from teachers and others who have known the child, and the local education authority will consider his age, attainments intelligence and qualities of character which may influence his suitability for one school or another.

The opportunity may be taken therefore of re-stating the careful consideration the local education authority gives before deciding on the type of special educational treatment for any handicapped pupil.

Account is taken of the possibilities of special help which can be given in the ordinary school before deciding on a special school. If a child has to be sent to a residential special school, the local education authority do their best to ensure that the links between the child at the school and the family at home are maintained.

The Minister of Education accepted the criteria adopted by the Faculty of Ophthalmologists as guidance to ophthalmologists when making recommendations about the special educational treatment of children, and it will be as well to state those relating to partial sight.

Children whose visual acuity will have a bearing on the appropriate methods of education—

(a) Severe visual disabilities—to be educated in special schools by methods involving vision—3/60 to 6/24 with glasses.

(b) Visual impairment—to be educated at ordinary schools by special consideration—better than 6/24 with glasses.

BIRMINGHAM CHILDREN ON REGISTERS OF SPECIAL SCHOOLS MAINTAINED BY THE AUTHORITY AS AT 1st DECEMBER, 1955.

Educationally Sub-normal Children

Residential :

St. Francis...	...	(Boys and Girls)	...	...	...	103
Springfield House...	...	(Girls)	...	...	...	58
Astley Hall	...	(Boys and Girls)	...	...	...	48

Day :

Bristol Street	...	(Senior Girls, Junior Mixed)	...	...	126
North Cross	...	(Senior Girls, Junior Mixed)	...	...	128
Grantham Yorke	...	(Senior Boys, Junior Mixed)	...	...	117
The Hamilton	...	(Senior Boys, Junior Mixed)	...	...	133
Hallmoor	...	(Senior Mixed)	...	...	131
Hallmoor	...	(Junior Mixed)	...	...	72
Pinsent	...	(Senior Boys, Junior Mixed)	...	...	95
Calthorpe	...	(Senior Boys, Junior Mixed)	...	...	162

Deaf and Partially Deaf Children—Day Schools

Braidwood School for the Deaf	(Mixed)	...	...	...	97
Longwill School for the Deaf	(Mixed)	...	...	...	108

Partially Sighted Children—Day Schools

George Auden School for P.S. Children	(Mixed)	...	...	...	50
Whitehead Road School for P.S. Children	(Mixed)	...	...	...	46

Delicate Children

Residential Open-Air Schools :

Cropwood	...	(Girls)	...	...	...	80
Hunter's Hill	...	(Boys)	...	...	...	120
Haseley Hall	...	(Junior Boys)	...	...	...	40

Day Open-Air Schools :

Marsh Hill	...	(Mixed)	...	...	...	177
Uffculme	...	(Mixed)	134

Physically Handicapped Children*Residential :*

Baskerville	...	(Mixed)	44
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Day :

Wilson Stuart	...	(Mixed)	151
Victoria	...	(Mixed)	146

Hospital Special Schools*Orthopaedic :*

Forelands, Bromsgrove	(Mixed)	...	...	...	...	...	...	53
Woodlands, Northfield	(Mixed)	73

Sanatorium :

Yardley Green, Little Bromwich	(Mixed)	49
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Handicapped Pupils Boarded in Hostels maintained by the Education Authority

Wake Green Hostel	12
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EXTRA DISTRICT CHILDREN ATTENDING BIRMINGHAM SCHOOLS AS AT 1st DECEMBER, 1955**Educationally Sub-normal Children**

St. Francis' Residential School	...	...	...	...	...	...	...	211
Hallmoor Senior Day School	...	...	...	...	...	...	...	1
The Calthorpe Day School	...	...	...	...	...	...	...	1
The Grantham Yorke Day School	...	...	...	...	...	...	...	1

Deaf and Partially Deaf Children

The Braidwood Day School for the Deaf	...	...	...	...	...	...	...	22
The Longwill Day School for the Deaf	...	...	...	...	...	...	...	16

Partially Sighted Children

The George Anden School for P.S. Children	...	...	...	...	...	...	...	9
Whitehead Road School for P.S. Children	...	...	...	...	...	...	...	5

Physically Handicapped Children

Baskerville Residential P.H. School	...	...	...	...	...	...	...	21
The Wilson Stuart Day P.H. School	...	...	...	...	...	...	...	5
The Victoria Day P.H. School	1

Delicate Children

Cropwood Residential Open Air School	1
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Hospital Special Schools

Orthopaedic :

Woodlands	51
Forelands	34

Sanatorium :

Yardley Green, Little Bromwich	8
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RESULTS OF SPECIAL EXAMINATIONS—1955

Results of examinations during the year of children with a view to their receiving or continuing to receive special educational treatment.

Number of children seen...	1,389
Recommended for Day (E.S.N.) School	228
Recommended for Residential (E.S.N.) School	60
Recommended for Residential Open-Air School	189
Recommended for Day Open-Air School	122
Recommended for Residential (P.H.) Special School	31
Recommended for Day (P.H.) Special School... ..	55
Recommended for Residential School for Epileptics	10
No action	17
To stay in Special School	47
For trial in Ordinary School	185
To stay in Ordinary School	33
To leave Special (E.S.N.) Schools in order to take up employment	76
To leave Open-Air Schools in order to take up employment	5
To leave Special (P.H.) Schools in order to take up employment	4
To continue Home Teaching	2
To be seen again	12
Decision deferred	175
To be excluded from school temporarily	2
Recommended for exclusion under Section 57 (3) of the Education Act 1944	95
Recommended for Home Teaching	10
Recommended for Carlson House School for Spastics	1
Recommended for period at Davos, Switzerland	3
Recommended for Residential School for the Deaf	2
Recommended for transfer from Special Schools to Ordinary Schools	23
Recommended for Diabetic Hostel	1
Recommended for Day School for the Deaf	1

Number of Children reported to the Local Health Authority in 1955.

Under Section 57 (3) of the Education Act, 1944	95
Under Section 57 (3) relying on Section 57 (4) (inexpedient)	1
Under Section 57 (5) of the Education Act, 1944	109

The following return made to the Ministry of Education relating to handicapped pupils in the calendar year ending 31st December, 1955 also gives valuable information.

	(1) <i>Blind</i> (2) <i>Partially sighted</i>		(3) <i>Deaf</i> (4) <i>Partially Deaf</i>		(5) <i>Delicate</i> (6) <i>Physically Handicapped</i>		(7) <i>Educationally sub-normal</i> (8) <i>Mal-adjusted</i>		(9) <i>Epileptic</i>	(10) <i>Total</i> (1)-(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the Calendar year ended 31st Dec., 1955 :—										
A. Handicapped Pupils newly placed in Special Schools or Boarding Homes	7	12	6	20	309	69	225	33	8	689
B. Handicapped Pupils newly ascertained as needing education at Special Schools or in boarding Homes	6	14	8	20	260	81	245	30	8	672

LIST OF BIRMINGHAM CHILDREN IN SPECIAL SCHOOLS NOT MAINTAINED BY THE EDUCATION COMMITTEE AS AT 1st DECEMBER, 1955.

Blind and Partially Sighted Pupils

Birmingham Royal Institution for the Blind :

Residential	...	...	...	...	...	...	...	19
Day	...	...	...	...	...	...	...	10
Worcester College for the Blind	...	...	...	...	...	...	...	1
Exhall (Coventry)	...	...	...	...	...	...	...	6

National Institute for the Blind :

Sunshine Home, Pirates Spring	...	...	...	...	...	...	...	1
Sunshine Home, Overley Hall	...	...	...	...	...	...	...	1
Sunshine Home, Kingswinford	...	...	...	...	...	...	...	2
Leamington	...	...	...	...	...	...	...	1
Liverpool Catholic School for the Blind	...	...	...	...	...	...	...	3
Royal Normal College for Blind, Rowton Castle, Salop	...	...	...	...	...	...	...	1

Educationally Sub-Normal Blind Pupils

Condoover Hall, near Shrewsbury	3
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Deaf and Partially Deaf Pupils

Birmingham Royal School for the Deaf	4
Mary Hare Grammar School for the Deaf, Newbury	7
Derby Royal School for the Deaf	...	...	...	...	2
Royal Cross School for the Deaf, Preston	...	...	...	...	1
Manchester (Old Trafford) Royal Deaf School	...	...	...	...	1
St. John's Institution for the Deaf, Boston Spa, Yorks.	...	...	...	...	4
Needwood School for the Partially Deaf, Staffs.	...	...	...	...	1
Burwood Park, Sec. (Tech.) School for Deaf, Surrey	...	...	...	...	1

Epileptic Pupils

Lingfield Epileptic Colony, Surrey	...	...	...	...	23
Chalfont St. Peter's, Bucks.	...	...	...	...	1
St. Elizabeth's School, Much Hadham, Herts.	...	...	...	...	1
Soss Moss Residential Epileptic, near Manchester	...	...	...	...	1

Physically Handicapped Pupils

Ian Tetley Memorial Home, Harrogate	...	...	...	...	1
Tudor Grange School, Solihull	...	...	...	...	3
Hinwick Hall School for Crippled Children, Beds.	...	...	...	...	1
Burton Hill House School for Crippled Girls	...	...	...	...	1
Derwen Cripples' Training College, Oswestry	...	...	...	...	1
Halliwick Cripples' School, Winchmere Hill, Middlesex	...	...	...	...	1
Chipping Norton National Children's Home	...	...	...	...	2
Victoria Home (Bournemouth)	...	...	...	...	2
"Warlies," Waltham Abbey (Dr. Barnardo's), Essex	...	...	...	...	1
Barkingside Village Home, Essex	...	...	...	...	1

Spastic Pupils

Carlson House, Harborne	...	...	...	...	31
Talbot House, Glossop	...	...	...	...	2

Delicate Pupils

St. Patrick's Open-Air School, Hayling Island	...	...	...	...	1
St. John's Open-Air School, Chigwell, Essex	...	...	...	...	1
Port Regis Open-Air School, Broadstairs, Kent	...	...	...	...	2
Meath School of Recovery, Ottershaw, Surrey	...	...	...	...	1
St. Catherine's Open-Air School, Ventnor, Isle of Wight	...	...	...	...	3
Ogilvie School of Recovery, Clacton-on-Sea, Essex	...	...	...	...	4
Children's Convalescent Hospital School, West Kirby, Cheshire	...	...	...	...	3
Eden Hall Residential School, Bacton-on-Sea, Norfolk	...	...	...	...	11
Bowden House School, Seaford, Sussex	...	...	...	...	2

Educationally Sub-Normal Pupils

St. Joseph's R.C. School, Cranleigh	...	...	...	...	8
Besford Court, near Worcester	...	...	...	...	24
Allerton Priory, Liverpool	...	...	...	...	1
Field Heath (All Souls'), Hillingdon, Middlesex	...	...	...	...	3
Crowthorne Residential School, near Bolton, Lancs.	...	...	...	...	1
Packwood, Solihull	...	...	...	...	1
Rhydd Court, near Worcester	...	...	...	...	1
Holyport Manor, Maidenhead, Berks.	...	...	...	...	1

Maladjusted Pupils

Ledston Hall School, Castleford, Yorks.	...	...	...	...	2
Trench Hall, Wem, Salop	...	...	...	...	1
Caldecott Community, Mersham, near Hatch, Kent	...	...	...	...	1
Bodenham Manor School, Herefordshire	...	...	...	...	22
Shenstone Lodge, West Bromwich	...	...	...	...	7
River House, Henley-in-Arden	...	...	...	...	4
Redhill School, Sutton Valence, Kent	...	...	...	...	2
St. Peter's (Horbury), Yorkshire	...	...	...	...	2

**Handicapped Pupils attending Independent Schools assisted by
the Education Committee under Section 9 (1) of the
Education Act, 1944**

Peredur Home School, East Grinstead (Maladjusted)	...	...	...	1
St. Christopher's School, Bristol (Maladjusted)	...	...	...	1
Elmfield, Stourbridge (Maladjusted)...	...	...	...	1
Cotswold Chine, Stroud, Glos. (Maladjusted)	...	...	...	3
Wessington Court, Woolhope, Herefordshire (Deaf)	...	...	...	1
Salmon's Cross, Reigate, Surrey (Maladjusted)	...	...	...	1
St. Joseph's R.C. School, Finchley (Maladjusted)	...	...	...	1

**Handicapped Pupils Boarded in Hostels—and who attend Schools
near to the Hostel**

Diabetic Pupils :

St. George's Hostel, Kersal, Manchester	...	...	...	3
Palingswick House, London	...	...	...	1

Maladjusted Pupils :

Malmesbury Branch of the National Children's Homes	...	...	...	1
St. Michael's Moral Welfare Home, Leamington	...	...	...	1
Holly House Hostel, Chesterfield	...	...	...	3

MEDICAL SUPERVISION OF SPECIAL SCHOOLS

Dr. P. R. Kemp, Assistant Principal School Medical Officer, reports :

" It has been my privilege during 1955 to continue the study of the 'Handicapped Child' and to arrange for the education and training of those pupils who are unfit to take their place among their fellows in the ordinary schools. This difficult task has been made possible by the co-operation not only of my colleagues in the School Health Service but also of the staffs of the hospitals of the City, the teachers, educational psychologists, welfare officers, the secretarial staff of the Special Schools Department, and many others. It is a pleasure to be able to record that parents nowadays are generally speaking, co-operative and understanding, exceptions in this respect being few and far between.

In dealing with the large numbers of handicapped children who are reported to us we divide our clinic examinations into two main groups (a) examination of children whose primary handicap appears to be physical

and (b) those where the handicap is *likely* to prove to be mental. It is usually possible to make some such broad classification by studying the reports available, though obviously it is only at the actual clinics that our impressions can be confirmed or otherwise.

It is of great importance that the possibility of defects of eyesight and hearing, and organic disease—particularly disease of the central nervous system—should be excluded before the mental test is carried out. It would be helpful if Head Teachers would consult their own School Medical Officers on these matters before reporting a child on Form 3 H.P. In the younger backward children, the only way to be certain about eyesight is by refraction.

The exclusion of children from the educational system under Section 57 (3) of the Education Act, 1944, is not a welcome task and is only undertaken after anxious thought. The inevitable blow to parents might be softened if the Occupation Centre could be called just another kind of school and the rigid distinction between centre and school abolished.

In relation to physical defects, though the new school buildings are certainly better adapted to maintaining health than the old ones situated in dark and crowded areas and built without much regard to hygiene, and though teachers are tending to become more able to cope with certain of the handicapped, there is no doubt that Open Air Schools and Schools for the Physically Handicapped are still needed.

There are still many handicapped pupils who can be educated nowhere else but in Special Schools.

Open Air Schools

These schools—both residential and day—continue to fulfil an invaluable function and cater especially for those numerous pupils who, on account of a variety of conditions are unable to attend regularly at ordinary schools. It is on account of irregular school attendance that many of these children are first referred for special examination. Parents too are increasingly aware of the advantages to be gained for their children from the special regime of these schools based now upon many years of experience in the care of delicate children.

Staffing is always a difficulty in the residential schools and Cropwood has been without a resident trained nurse throughout the year. Much credit is due to the Head Teacher of Cropwood for her watchful care of the children in the absence of a nursing sister.

The type of case admitted to the Open Air Schools remains similar to that of previous years, respiratory disabilities being the most common, bronchiectasis, bronchitis, asthma and simple recurrent respiratory catarrh. In addition there are the usual 'debilities' where often no specific organic disease can be detected. Cases of enuresis, encopresis, habit spasms and chronic eczema often improve and are sometimes com-

pletely cured. In only a few of the cases is any medicinal treatment found necessary, the majority respond to ordinary common-sense measures relating to diet, regularity of habit, rest, and general hygiene. While the value of 'open-air' is recognised it is not developed into a fetish, and warmth and comfort are not regarded as evil and decadent features in the schools.

We are grateful to Drs. Vollam and Gaston, local general practitioners, for their kindly help in dealing with any emergencies arising in Residential Schools.

The Assistant Principal School Medical Officer visits the schools at fortnightly intervals.

Many improvements have been carried out during the year, including the provision of paddling pools, better lighting, modern rest sheds, etc. Many more are planned and hoped for.

Baskerville

This school is still reserved for cases of juvenile rheumatism in all its aspects, including chorea. Close liaison is maintained with the Children's Hospital in particular and Dr. Carey Smallwood, the Consulting Physician, visits the school once weekly. He is accompanied by the Assistant Principal School Medical Officer every fortnight, and admission examinations are conducted on those occasions, this frequency of examinations obviating the necessity for a waiting list.

Dr. Pearce, of Harborne, is on call for emergencies and we are grateful for his help. Should he not be available, the Assistant Principal School Medical Officer is called.

A pleasant and well appointed house with spacious grounds conduce to a happy stay for the children, a selection of pets adding interest and occasionally excitement. The Baskerville donkey has acquired a fame which is not entirely local!

As to the apparent decline of incidence of Juvenile Rheumatism which has been noted, it is impossible to say whether this is permanent or not, and a policy of watchfulness must be adopted.

Day Schools for the Physically Handicapped

Both the Victoria and the Wilson Stuart Schools for the Physically Handicapped are full to capacity in spite of very careful screening of suggested admissions and prompt discharge of children who have improved sufficiently to cope with education in ordinary schools.

It is important to remember that no ordinary school can provide such facilities as the whole time services of a physiotherapist, a trained nurse, visits from a consulting orthopaedic surgeon and a speech therapist, special transport and small classes.

To provide anything similar for a handicapped child in an ordinary school involves much loss of school time and increased fatigue for the child consequent upon travelling and waiting at hospitals.

Mr. T. S. Donovan, Consulting Orthopædic Surgeon, visits both schools once or twice a term and the Assistant Principal School Medical Officer visits once fortnightly.

It is emphasised that while there are backward children in the Schools for the Physically Handicapped the majority of the children are of average intelligence (sometimes above average) and standards of education compare very favourably with those of ordinary schools.

Day Schools for the Deaf

The Longwill and the Braidwood Schools for the Deaf are well known and their excellent work has continued during 1955.

At the Braidwood School for example a separate class has been started for deafness associated with cerebral palsy, three of the children are of the athetoid type, one severe.

The lip reading classes for partially deaf children attending normal schools continue. Thirty-two children are in attendance.

Hearing aids are now used by all except four children. Some nursery and infant children are able to enjoy wearing a monopack aid. The group hearing aid is in continual use. In addition to this it is hoped that an Auditory Training Unit will be installed early in 1956.

A new sound projector has been brought into use and is likely to prove a great aid for lessons and entertainment.

Among other activities at the Braidwood School have been a successful Swimming Gala and an Inter-Schools Sports Day (Braidwood, Longwill, and the Royal School for the Deaf).

A club has been started for all children over 14 and a helpful grant has been received from the University Carnival Committee.

Mr. Crabtree, Consulting Aural Surgeon, visits both schools at intervals and routine examinations are carried out by the Assistant Principal School Medical Officer.

Schools for the Educationally Sub-normal

In selecting children for these schools I receive valuable help and co-operation from Miss Dove, Inspector of Special Schools, who attends the interviews.

A happy atmosphere has prevailed throughout the year and while new buildings are urgently needed much good work is being done, though sometimes in unsuitable surroundings.

As an example, at the Calthorpe Day E.S.N. School, photography has been introduced originally as part of a 'purposive reading' scheme. A darkroom has been built by the boys and is used mainly for making enlargements using the instructions on the wall. Apart from its help in the teaching of reading, this activity appears to have considerable value in the building up of self-esteem in certain boys.

BOXING

A boxing club has been started which meets twice weekly after school. Of three boys entered for the Schoolboy Championships, one reached the local final.

Boxing helps to develop courage, a sense of fair play and good temper.

After some twenty years' experience as a medical officer especially associated with school-boy boxing it is of some interest to note that it has been my good fortune never to have come across a case where any permanent injury seems to have been caused to a boy.

Night Classes

Eight old pupils are now in regular attendance at a night class in English held weekly at the Calthorpe School.

Others attend regularly the Boot Repairing Class twice weekly.

Occupation Centres

In my work at the Occupation Centres I am grateful for the assistance of Dr. J. B. Mole, who has carried out the routine inspections there.

In these centres the emphasis is laid on training for independent citizenship rather than on the three R's and good results are being obtained. The fact that these children can be trained and taught is demonstrated very clearly at the various Christmas plays and Open Days.

There is a constant review of the children in the Centres especially of those with additional handicaps such as defective vision and deafness.

More Industrial Centres are needed. If there were more places available in these Centres a number of boys and girls could be transferred from the Occupation Centres making more room for the younger children in whose cases training at the earliest possible age is well known to be highly beneficial.

A short term convalescent home in Birmingham is urgently needed.

Day Schools for the Partially Sighted

Children are admitted to these schools on the advice of Mr. Mark Tree, Consulting Ophthalmic Surgeon. Cases of nystagmus, cataract, and high myopia form the bulk of the admissions.

The routine medical examinations in the schools are carried out by the Assistant Principal School Medical Officer.

The children are kept under constant review and it is found possible to transfer children to ordinary schools in certain cases.

Home Visits

Where a child is permanently unfit to be brought to the Clinic the Assistant Principal School Medical Officer visits and examines the child at home and recommends home teaching where this is essential.

In addition, as contact with the home is very important in a great number of cases, many visits are carried out by Miss F. Smith, School Health Visitor, social difficulties often being alleviated in this way.

Co-operation with the Department of Pædiatrics

Regular visits, demonstrations, lectures in the Special Schools and at the Children's Hospital are arranged for senior students of the Birmingham Medical School.

Visits are also arranged for D.C.H. students and many others.

Once again I should like to express my appreciation of the services rendered by Miss F. Smith, School Health Visitor, whose assistance I find most valuable."

HOME AND HOSPITAL TUITION

The Committee provide home tuition for severely handicapped children under Section 56 of the Education Act, 1944. At the end of the year, 51 children were being helped in this way.

In addition, peripatetic teachers visited the children at the following institutions :—

In Children's Hospital, Birmingham	...	...	...	...	30
In Moseley Hall Convalescent Home	...	...	...	...	12
In Dudley Road Hospital and Skin Hospital	...	...	...	...	37
In Accident Hospital	...	...	...	...	40
In Summerfield Hospital	...	...	...	...	1

An interesting development during the year has been the introduction of a "correspondence course" for two Grammar School pupils who were discharged from Yardley Green Hospital, although still active T.B. cases. The course was supervised by the Superintendent Home Teacher.

MARTINEAU HOUSE, TOWYN

During the year fifteen parties consisting in the main of twenty-four children from Special Schools of various types, visited this seaside school for periods of fourteen days. For the first time the parties included one of twelve boys from the Committee's Hostel for Maladjusted Children. On their return the Warden reported that they had benefited greatly,

both physically and emotionally. In accordance with established practice each group was accompanied by a teacher from the school who gave welcome assistance to the residential teacher in charge.

The school continues to provide an important and valuable contribution to the physical and educational welfare of these handicapped pupils.

The work of the Matron and the interest generally by the visiting Medical Officer are greatly appreciated.

CEREBRAL PALSY

The local developments in the interest and the care for the children suffering from cerebral palsy, outlined in last year's Report have been continued.

The British Council for the Welfare of Spastics ever mindful of its responsibilities arranged a conference in October, 1955, on "Cerebral Palsy—The Present Position and Future Possibilities." The opening address was given by the Parliamentary Secretary, Ministry of Education, and there were excellent contributions on the placement of cerebral palsied children and on their training, employment and care after the age of 16. Councillor Mrs. Wright, the Inspector of Special Schools and the Principal School Medical Officer were given the privilege of attending this conference.

The following information relating to children aged five to fifteen years of age, as at January, 1956, has been supplied through the courtesy of the Midland Spastic Association.

SPASTICS 5—15

Day Schools :

Cerebral Palsy (Carlson House)	...	...	...	...	25
Physically Handicapped	...	...	...	...	61
Deaf	...	...	...	...	8
Partially sighted	...	...	...	...	2
E.S.N.	...	...	...	...	5
Normal	...	...	...	...	77

Residential Schools :

Cerebral Palsy	3
Physically Handicapped	4
Open-Air	1

<i>Home Tuition</i>	6
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<i>Home Training</i>	5
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<i>Occupation Centre</i>	6
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<i>M.S.A. Play Centre</i>	1
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<i>Mental Defective Institution</i>	19
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At Home :

Educable	0
Ineducable	32

Of the 32 accounted as ineducable, it is sad to note that 21 are completely defective, often unable to take note of their surroundings. Three children were awaiting Occupation Centre placement, three may be suitable after toilet training, and two are suitable but their mothers do not wish the children to attend. Two were about to receive Home Training.

The Midland Spastic Association Welfare Department organizes a Play Centre for children brought by voluntary transport one afternoon each week.

A large proportion of the pupils at Carlson House are maintained by the Birmingham Education Authority and a school medical officer and nurse visit the school regularly.

EPILEPTIC CHILDREN—A SURVEY.

MR. HALSTEAD, M.A., Senior Clinical Psychologist, All Saints' Hospital and Uffculme Clinic, reports on the special investigation which he has carried out on a group of children suffering from epilepsy.

"A group of 68 epileptic children domiciled in Birmingham was given a series of tests (below).

The main group consisted of 56 children, equally divided as to sex and as to attendance at (a) a residential school for epileptic children and (b) normal schools in Birmingham. The median ages were: girls, 11.0; boys, 11.5 (Range 7 to 15+).

The supplementary group consisted of 12 epileptic children attending a school for the physically-handicapped. Five of these had hemiplegia or quadriplegia in addition to epilepsy.

The distribution of the sample was: ordinary schools, 41 per cent.; residential school, 41 per cent.; and physically-handicapped school, 18 per cent.

The distribution of epileptic children in the Birmingham schools is approximately: normal schools, 61 per cent.; residential school, 23 per cent.; physically handicapped schools, 6 per cent.; educationally-sub-normal schools, 7 per cent.; others, 3 per cent.

The control group—54 children attending "average" primary and secondary schools in Birmingham—was matched for age and sex with the main group.

In addition to the testing programme an Epileptic Enquiry Form was completed for each child. This provided data on family and early personal history, school and medical data, etc. Some of this information came from the Schools Health Service, the Special School Department, Heads of ordinary schools, the Medical Superintendent of Lingfield Colony, The Birmingham Children's Hospital, and the Neurological Department of the Queen Elizabeth Hospital (electroencephalographic data). The remainder was derived from interviews with one or other of the parents of the epileptic children—mostly the mothers.

Some of this information did not lend itself to statistical treatment, but eighteen main variables were quantified and compared with test results. They were also correlated with each other.

The four tests used in the survey were :

The Terman-Merrill Intelligence Scale, Form L.

The Gates Oral Prose Reading Test

The Burt Oral Arithmetic (Problems) Test

The Van der Lugt Psychomotor Series (Tests 1, 6, 9 and 10).

The main comparisons are between epileptic groups and controls on the basis of mean scores and standard deviations for each of the above tests and for the average of the four (the composite score). Statistical significance was determined by the critical ratio (Diff/S.E. Diff.). An analysis was also made of the chief categories of the Terman-Merrill Scale and of the four sub-tests of the Van der Lugt Series.

The statistically treated variables above referred to were : School, Family History of Epilepsy, Sex, Grand mal Seizures, Petit Mal Seizures, Dual Seizures, Cerebral Injury, Other Precipitating Circumstances, Position in Family, Abnormal Birth, Early Neurosis. Milestones, Behaviour, Frequent Seizures, E.E.G., Onset, Duration of Epilepsy and Age of Mother.

Table 1 shows the mean scores—in quotients—of different epileptic groups and of the control groups :

TABLE 1
MEAN SCORES ON THE FOUR TESTS AND ON THE
AVERAGE OF THE FOUR

<i>Group</i>		<i>Intell.</i>	<i>Rdg.</i>	<i>Arith.</i>	<i>Motor</i>	<i>Average</i>
Controls,	All ...	99.8	102.9	83.0	100.4	96.3
	Girls	96.1	102.3	80.0	96.3	93.9
	Boys	103.4	103.4	85.0	103.7	98.4
Epileptics.	All ...	87.5	94.0	75.3	88.2	86.3
	Girls	83.0	91.7	71.2	83.9	82.3
	Boys	92.1	96.4	79.4	92.5	90.3
Normal Schools ...		95.9	100.6	83.3	91.5	92.9
Residential School		79.2	83.5	66.6	84.9	79.7
Brain Injured ...		78.0	81.5	63.1	71.0	72.8*
P.H. Cases... ..		60.0	71.5	51.0	51.7	58.4*

*Samples too small for calculation of significance.

The average deficit of the epileptic children in the main group as compared with controls is 10 points, with individual test differences ranging from 7·7 points on arithmetic to 12·3 points on the intelligence test.

The boys are superior to the girls on all tests in both the epileptic and control groups, the superiority being only slightly greater in the epileptic group.

The normal schools epileptics score higher than the residential school epileptics on all tests, the average discrepancy being 13·2 points, with individual test discrepancies ranging from 6·6 points on the Psychomotor Series to 17·1 points on reading. Scores for girls and boys at the two types of school are not included in the above table, but the normal schools epileptic boys are almost on a par with the control group of boys, with an average deficit of only one point. They are actually 5 points superior to the control group on arithmetic. At the other end of the scale are the residential school girls, with an average deficit (compared with control girls) of 17·4 points, with little difference as between one test and another.

The score-deficits of the epileptic groups are significant at or above the 5 per cent. level of confidence with the following exceptions :

All epileptics : reading test.

Epileptic girls : reading and psychomotor tests.

Epileptic boys : all individual tests.

Normal schools epileptics : intelligence, reading, and arithmetic tests.

It will be noticed that the score-pattern, or merit-order of the four tests is substantially the same for epileptic groups and controls. The inter-test variation, *i.e.*, the range of scores from highest to lowest test also shows little difference as between epileptic groups and controls.

On the other hand the intra-test variation, as measured by the V-score (100. S.D./mean score) is much greater for epileptic groups, mostly about 60 per cent. higher than that of the controls.

In general, therefore, the epileptic children show lower scores on all tests, and a greater score-variation within tests. Their distribution-curves are also more "ragged" than those of the controls, especially in the reading test. The deficits of the normal schools epileptics are, however, negligible.

The score-deficits of the brain-injured groups (including the P.H. cases with paraplegia) are substantially higher than those of the rest of the epileptic group.

Table 2 shows the score-deficits—in years of mental age—of the main epileptic groups when compared with controls : *i.e.*, on the main categories of the Terman-Merrill Scale.

TABLE 2

MEAN DEFICITS OF EPILEPTICS ON FIVE CATEGORIES OF
THE TERMAN-MERRILL SCALE, IN YEARS

<i>Group</i>		<i>Word Assoc.</i>	<i>Memory</i>	<i>Language</i>	<i>Reasoning</i>	<i>Perception</i>
Epileptics,	All ...	-2.81	-2.28	-1.85	-1.61	-1.62
	Girls	-2.95	-2.40	-1.83	-1.63	-1.65
	Boys	-2.08	-2.13	-1.86	-1.57	-0.94
Normal School	...	-1.82	-0.41	-0.41	-0.22	-0.43
Residential School		-3.79	-3.28	-3.28	-2.99	2.81

For most groups the highest deficit is on the word-association, which, however, occurs only twice in the Terman-Merrill Scale, *i.e.*, at Years X and XI. The perceptual and reasoning items show the least deficits. Sex differences are small, but school differences are substantial.

On the Van der Lugt Psychomotor Series the highest score-deficit of the epileptic group—and of most sub-groups, was on a timed dexterity test which requires the subject to screw left and right hand-threaded screws into a board simultaneously. The average deficit here was 14.3 points. The smallest deficit—of 5.1 points—was on an untimed steadiness test, *i.e.*, drawing lines with a pencil which is screwed into a rod held with both hands. The brain-injured groups, as might be expected, did badly on all the psychomotor tests.

Looking at the relationship of other variables to test scores we find that the grand mal cases have higher scores than the petit mal cases, who, in turn, score higher than the dual cases. Most investigators seem to report the highest scores from their petit mal cases, but they all concur in reporting low scores for brain-injured cases, and most show lower scores for epileptics with two types of seizure.

The children with a positive family history of epilepsy (46 per cent. of the total) have only slightly higher scores than those with no known history.

Apart from these, all other variables show a depressing effect upon test-scores. The outstanding deficits are as follows:—Badly-behaved children (*c.f.* later), with 19.3 points, those with negative behaviour—14.9 points, brain-injured cases—14.2 points, those with other precipitating circumstances, *e.g.*, shock, febrile illness, etc.,—10.0 points, those with earlier onset—9.0 points, and those with a longer duration of epilepsy—7.3 points.

The main variables—eighteen in number—were correlated with each other, as stated, and the χ^2 test of statistical significance was applied

in each case. Five correlations were significant at or above the 5 per cent. level of confidence, viz. :

Dual and Frequent Seizures	...	...	...	...	P = .01
Dual Seizures and attendance at Residential School	...	...	...	...	P = .01
Malbehaviour and Residential School	...	...	...	...	P = .01
Positive Family History and Early Neurosis	...	...	...	...	P = .02
Dual Seizures and <i>Normal</i> Birth	...	...	...	...	P = .02

A further eight correlations were at or above the 10 per cent. level of confidence, viz. :

Malbehaviour and Precipitating Circumstances	...	...	...	P = .06
Late Milestones and Early Neurosis	...	...	...	P = .06
Grossly abnormal E.E.G.'s and Negative Family History	...	...	...	P = .07
Abnormal Birth and Primogeniture	...	...	...	P = .08
Abnormal Birth and Late Milestones	...	...	...	P = .09
Primogeniture and Negative Family History	...	...	...	P = .10
Male Sex and Positive Family History	...	...	...	P = .10
Negative Behaviour and Primogeniture	...	...	...	P = .10

Many other variables showed fairly high but not significant correlations.

When the average 'saturation' of each variable with all other variables was calculated the ones showing the greatest loading of adverse variables were : cerebral injury, dual seizures, malbehaviour, late milestones, and frequent seizures. Three showed a negative or 'benign' saturation, viz., positive family history, grossly abnormal E.E.G.'s, and grand mal seizures.

The epileptic girls had a higher incidence of negative behaviour, grand mal seizures, abnormal births, and grossly abnormal E.E.G.'s in that order ; while the boys were higher in respect to : positive family history, malbehaviour, frequent seizures, and dual seizures. None of these sex-differences is statistically significant, and the over-all 'saturation' of adverse variables is identical for the two sexes.

The other main points of interest may be stated briefly, as follows :

Both early onset and longer duration (based on a comparison of two groups separated by five years) had an over-all adverse effect, the latter slightly more so than the former. This is in contrast to the expressed opinion that early onset is 'more significant' than long duration. Three variables were associated with both early onset and longer duration, viz., brain injury, other precipitants, and early neurosis.

It has been mentioned that positive family history is associated with slightly higher scores than those for negative history. When the degree of relationship of the epileptic relative was taken into account it was found that there was a decline in test scores as the relationship became more remote.

The age of the mother at the birth of the epileptic child showed no significant correlations with other variables, but the impression was gained that the mothers might be somewhat older than in the general population. Figures were available for all Birmingham mothers at the birth of their first child, the average being 23·5 years. The average age for corresponding mothers in the present survey was 29·5 years.

Behaviour has been mentioned. Eight girls and ten boys (37 per cent. of the main sample) had a history of bad behaviour, being described *e.g.*, as aggressive, violent, out of control, etc. Ten girls and five boys (28 per cent.) showed negative behaviour, *e.g.*, timid, moody, hypersensitive, immature, sulky, etc. The remaining 35 per cent. showed good behaviour.

There were clear-cut differences between the three sub-groups in regard to test scores, *i.e.*, good behaviour 96·5 points, negative 81·6, and bad behaviour 77·2 points.

The malbehaved cases showed a significant correlation ($P=0.01$) with attendance at the residential school (behaviour disorder being one of the reasons for referral there), and a near-significant correlation ($P=0.06$) with precipitating circumstances. They had a substantially higher proportion of grossly abnormal E.E.G.'s, frequent seizures, petit mal seizures, and late milestones. They had a smaller proportion of grand mal seizures.

The negative behaviour cases had a higher proportion of primogeniture, and a smaller proportion of positive family history.

It is obvious from the inquiry that the behaviour of epileptic children is associated with, if not caused by a great many factors, and it is equally obvious that until these, and others not investigated are quantified and weighted, one cannot generalise about the 'Epileptic Personality.' The data collected would probably support the statement that epileptic children differ almost as much among themselves as normal children tend to do, whatever may be the case with adult epileptics.

In conclusion it ought to be mentioned that a prime difficulty in attempting to compare results with those of other writers as we have done elsewhere, is to ensure that all are speaking the same language, especially diagnostic language. This applies, of course, to most research of a clinical nature. Different frequency classifications seem to be the rule in epileptic research because of the different interpretations placed on terms like Idiopathic (or Cryptogenic), Symptomatic, Minor Epilepsy, or even Epilepsy itself! This may be one of the reasons why writers on the one hand state, that most, if not all epilepsy is inherited, while others find no hereditary factors. Some classify brain-injured epileptics as Traumatic and others as Symptomatic. Agreement on terms would enable workers in all countries to make reliable comparisons, or go a long way towards it.

I am indebted to many people for these results, but would like to mention, in particular, the Birmingham Education Committee, the Schools Health Service, and the Special Schools Department, many School Heads, the Children's Hospital, the Queen Elizabeth Hospital, and the Medical Superintendent of Lingfield Colony."

EMPLOYMENT AND AFTER-CARE OF HANDICAPPED CHILDREN

During the year under review Special School leavers were interviewed by Youth Employment Officers and many were advised to apply for registration under the Disabled Persons Act, 1944. Co-operation between Special Schools Service and the Youth Employment Department has continued to be very close.

In the list below is an analysis of those on the Disabled Persons Register at the end of 1954 and also of those who were added during 1955.

As in the previous year a home visit has been made to each Special School leaver during his or her first three months at work, usually by a Youth Employment Officer.

DISABLED PERSONS' REGISTER

	<i>New Registrations during 1955</i>			<i>No. on Register at 31.12.54</i>		
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
SURGICAL :						
Amputation of one or both limbs ...	2	0	2	4	4	8
Injuries and diseases of trunk or limbs	7	4	11	7	3	10
Spine injuries and diseases (not T.B.)	1	2	3	4	2	6
Tuberculosis—surgical	1	1	2	2	2	4
MEDICAL :						
Arthritis and Rheumatism	2	2	4	1	2	3
Diseases of Heart and Circulatory System	1	5	6	6	7	13
Diseases of skin, genito-urinary and respiratory system (not T.B.) ...	6	1	7	2	3	5
Epilepsy	3	7	10	11	3	14
Other organic nervous diseases ...	3	1	4	12	6	18
Tuberculosis—pulmonary	8	9	17	4	7	11
Diseases of digestive system	1	1	2	1	1	2
PSYCHIATRIC :						
Imperfect development of the mind ...	5	3	8	6	4	10
Mental and nervous disorders	—	2	2	—	—	—
OTHERS :						
Congenital malformation	2	3	5	—	—	—
Defects of eyes, ears, etc.	8	9	17	33	22	55
Asthma, anaemia, etc.	6	2	8	8	5	13
	56	52	108	101	71	172

SPECIAL SERVICES AFTER-CARE SUB-COMMITTEE

During 1955, 3,856 persons were under the care of this Sub-Committee.

A total of 327 children were referred for supervision. Of these, 110 were placed under Voluntary Supervision, 124 were placed under Statutory Supervision under Section 57 (5) of the Education Act 1944. The remaining 93 children were referred under Section 57 (3) of the Education Act. Some of these children never attended school; others were excluded from schools administered by the Education Committee.

In addition, supervision continued for 3,529 previously referred persons.

Occupation and Industrial Centres

There are still seven Occupation Centres for children, and three Senior Centres for young persons administered by the Committee. Two of the Senior Centres are for young men, and a few from both these Centres have obtained employment during the year. The third Centre for Senior Girls has extended its activities, and some training in household tasks, care of clothing and dressmaking has been given in addition to handicraft and recreational sessions.

Two Assistant Supervisors have been away in London and Manchester to study for the diploma awarded by the National Association for Mental Health, and will be returning to their duties in July 1956.

Transport by taxi was provided for 28 children who are physically handicapped.

Members of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency, visited two of the Centres in July.

Home Training

Three Assistant Supervisors visit homes in the City to provide short lessons each week for 46 children who are waiting to attend Centres or are unable to do so for reasons of physical disability.

Windmill House

One hundred children and young people in four groups of 25 were taken for a week's holiday to Windmill House, Weatheroak. As far as possible children are selected who have no other holiday during the year. All the groups enjoyed element weather, and benefited very much from the change. The parents are grateful for the short respite from the care of the children.

Visiting

The After-Care Office is now staffed by an officer and five visitors (one of whom took up her appointment in September, 1955). The visiting of persons under statutory supervision, and the administering of the Industrial and Occupation Centres continues to be carried out by the Special Services Branch of the Education Committee on behalf of the Health Committee. The After-Care Staff has worked in close co-operation with the staff of the Mental Health Services throughout the year.

Medical Inspection and Treatment Returns

Year ended 31st December, 1955.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS)

A. PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups :

Entrants	...	...	...	...	...	...	...	20,863
Second Age Group	...	...	...	...	...	...	...	18,716
Third Age Group	...	...	...	...	...	...	...	14,400
TOTAL								53,979

Number of other Periodic Inspections	...	...	...	...	...	...	...	—
GRAND TOTAL								53,979

B. OTHER INSPECTIONS

Number of Special inspections	...	...	...	...	...	...	...	28,165
Number of Re-Inspections	...	...	...	...	...	...	...	24,355
TOTAL								52,520

C. PUPILS FOUND TO REQUIRE TREATMENT

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO
REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH
VERMIN)

GROUP (1)	For Defective Vision (Excluding Squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total Individual Pupils (4)
Entrants	473	6,426	6,687
Second Age Group	1,989	4,560	6,102
Third Age Group	2,055	2,855	4,491
Total (prescribed groups)	4,517	13,841	17,280
Other Periodic Inspections	—	—	—
GRAND TOTAL	4,517	13,841	17,280

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1955

Defect Code Number	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		Number of Defects		Number of Defects	
		Requiring Treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4	Skin	2,121	463	5,358	57
5	Eyes—				
	(a) Vision ...	4,517	1,181	1,558	135
	(b) Squint ...	1,289	481	306	22
	(c) Other ...	538	164	1,369	37
6	Ears—				
	(a) Hearing ...	260	632	392	68
	(b) Otitis Media	369	582	542	30
	(c) Other ...	166	117	753	44
7	Nose or throat ...	2,673	3,072	1,729	183
8	Speech	245	429	221	42
9	Cervical Glands ...	175	797	88	33
10	Heart and Circula- tion	183	626	97	158
11	Lungs	1,061	1,313	743	292
12	Developmental—				
	(a) Hernia ...	139	197	57	18
	(b) Other ...	143	295	70	21
13	Orthopaedic—				
	(a) Posture ...	907	1,449	288	45
	(b) Flat Foot ...	1,157	1,479	361	31
	(c) Other ...	1,455	1,266	966	234
14	Nervous System—				
	(a) Epilepsy ...	81	81	36	13
	(b) Other ...	99	109	147	63
15	Psychological—				
	(a) Development	49	177	60	31
	(b) Stability ...	282	567	373	121
16	Other	1,865	953	8,816	706

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING
THE YEAR IN THE AGE GROUPS

Age Groups	Number of Pupils Insp't'd	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	20,863	5,221	25.03	14,830	71.08	812	3.89
Second Age Group ...	18,716	5,277	28.19	12,919	69.03	520	2.78
Third Age Group ...	14,400	4,051	28.13	10,007	69.50	342	2.37
Other Periodic Inspections	—	—	—	—	—	—	—
TOTAL	53,979	14,549	26.95	37,756	69.95	1,674	3.10

TABLE III

INFESTATION WITH VERMIN

(i)	Total number of examinations in the Schools by the School Nurses or other authorised persons	406,272
(ii)	Total number of individual pupils found to be infested	13,222
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	2,066
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	1,655

TABLE IV

TREATMENT TABLES

GROUP 1. DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table III)

	<i>No. of cases treated or under treatment during the year</i>	
	<i>by the Authority</i>	<i>otherwise</i>
Ringworm—Scalp—	27	32
Ringworm—Body	83	4
Scabies	68	—
Impetigo	846	96
Other skin diseases	4,917	964
TOTAL	5,941	1,096

GROUP 2. EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>No. of cases dealt with</i>	
	<i>by the Authority</i>	<i>otherwise</i>
External and other, excluding errors of refraction and squint	1,430	214
Errors of refraction (including squint)	9,511	14
TOTAL	10,941	228
No. of pupils for whom spectacles were :		
(a) Prescribed	5,223	5,509
(b) Obtained	4,698	5,052

GROUP 3. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	No. of cases treated	
	by the Authority	otherwise
Received operative treatment :		
(a) for diseases of the ear	—	465
(b) for adenoids and chronic tonsillitis	—	3,241
(c) for other nose and throat conditions	—	401
Received other forms of treatment ...	2,459	93
TOTAL	2,459	4,200

GROUP 4. ORTHOPÆDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals	—	269
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments	2,956	2,098

GROUP 5. CHILD GUIDANCE TREATMENT

No. of pupils treated at Child Guidance Clinics	699	—
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GROUP 6. SPEECH THERAPY

No. of pupils treated by Speech Therapists	1,021	—
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GROUP 7. OTHER TREATMENT GIVEN

(a) Miscellaneous minor ailments	11,072	9,405
(b) (1) Operations for squint	—	350
(2) In-patients at Hospitals—Surgical Treatment	—	135
(3) In-patients at Hospitals—Medical Treatment	—	665
TOTAL	11,072	10,555

TABLE V. DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers :					
(a) Periodic Age Groups... ..	...	...	...	...	108,471
(b) Specials ... ..	...	...	...	...	20,620
(c) Total (periodic and specials)	...	...	...	...	129,091
(2) Number found to require treatment ... ..	...	...	...	...	91,424
(3) Number referred for treatment ... ..	...	...	...	...	80,720
(4) Number actually treated ... ..	...	...	...	...	41,404
(5) Attendances made by pupils for treatment ... ..	...	...	...	...	67,335
(6) Half-days devoted to (a) Inspection ... ..	...	...	...	...	484
(b) Treatment ... ..	...	...	...	...	6,302
Total (6)	...	...	...	...	6,786
(7) Fillings : Permanent Teeth ... ..	...	...	...	...	25,143
Temporary Teeth ... ..	...	...	...	...	267
Total (7)	...	...	...	...	25,410
(8) No. of teeth filled : Permanent teeth ... ..	...	...	...	...	21,871
Temporary teeth ... ..	...	...	...	...	261
Total (8)	...	...	...	...	22,132
(9) Extractions : Permanent teeth ... ..	...	...	...	...	19,980
Temporary teeth ... ..	...	...	...	...	64,301
Total (9)	...	...	...	...	84,281
(10) Administration of general anaesthetics for Extraction ...	...	...	...	...	30,111
(11) Other operations : (a) Permanent teeth ... ..	...	...	...	...	10,490
(b) Temporary teeth ... ..	...	...	...	...	1,806
Total (11)	...	...	...	...	12,296

